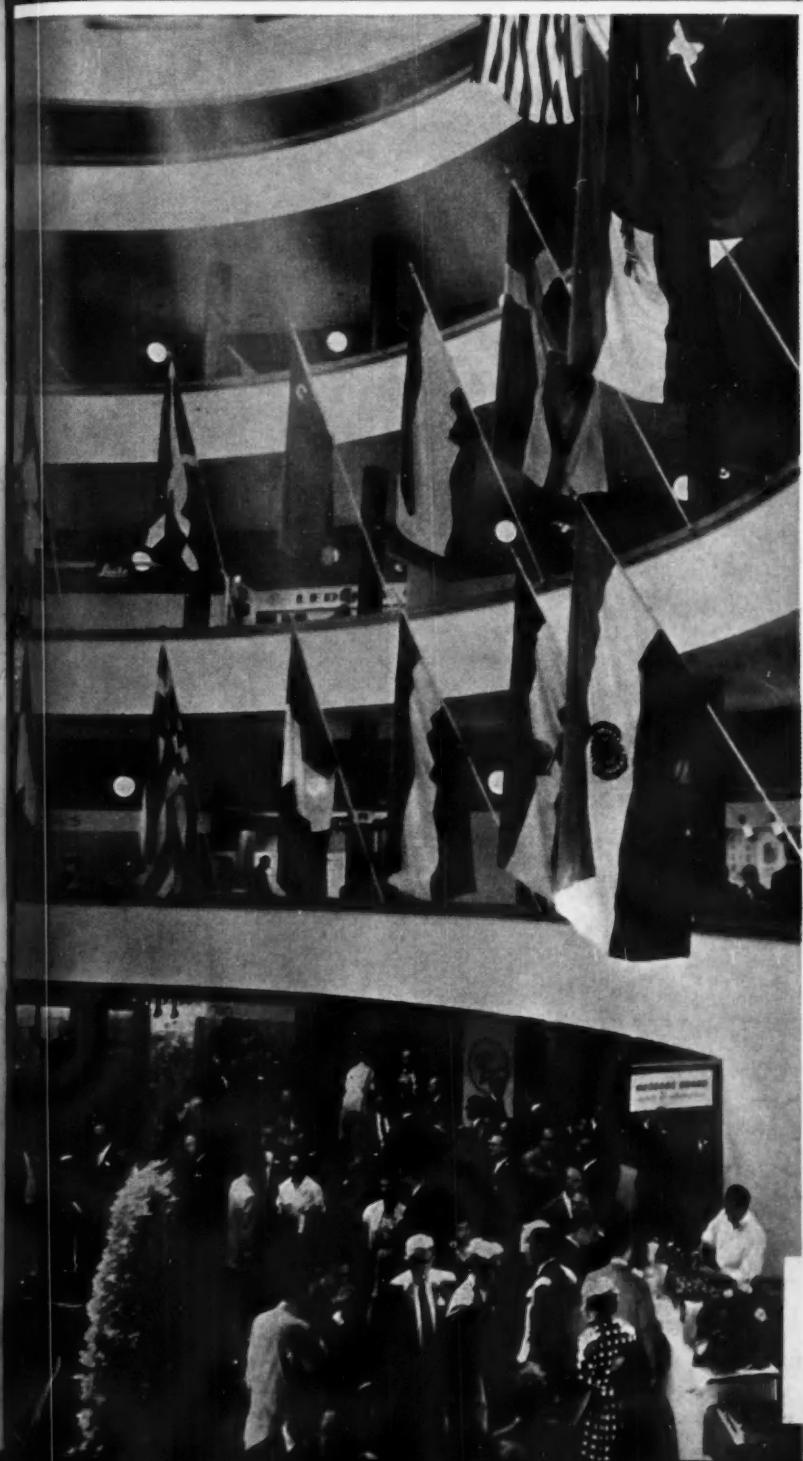


MEDICAL WORLD NEWS

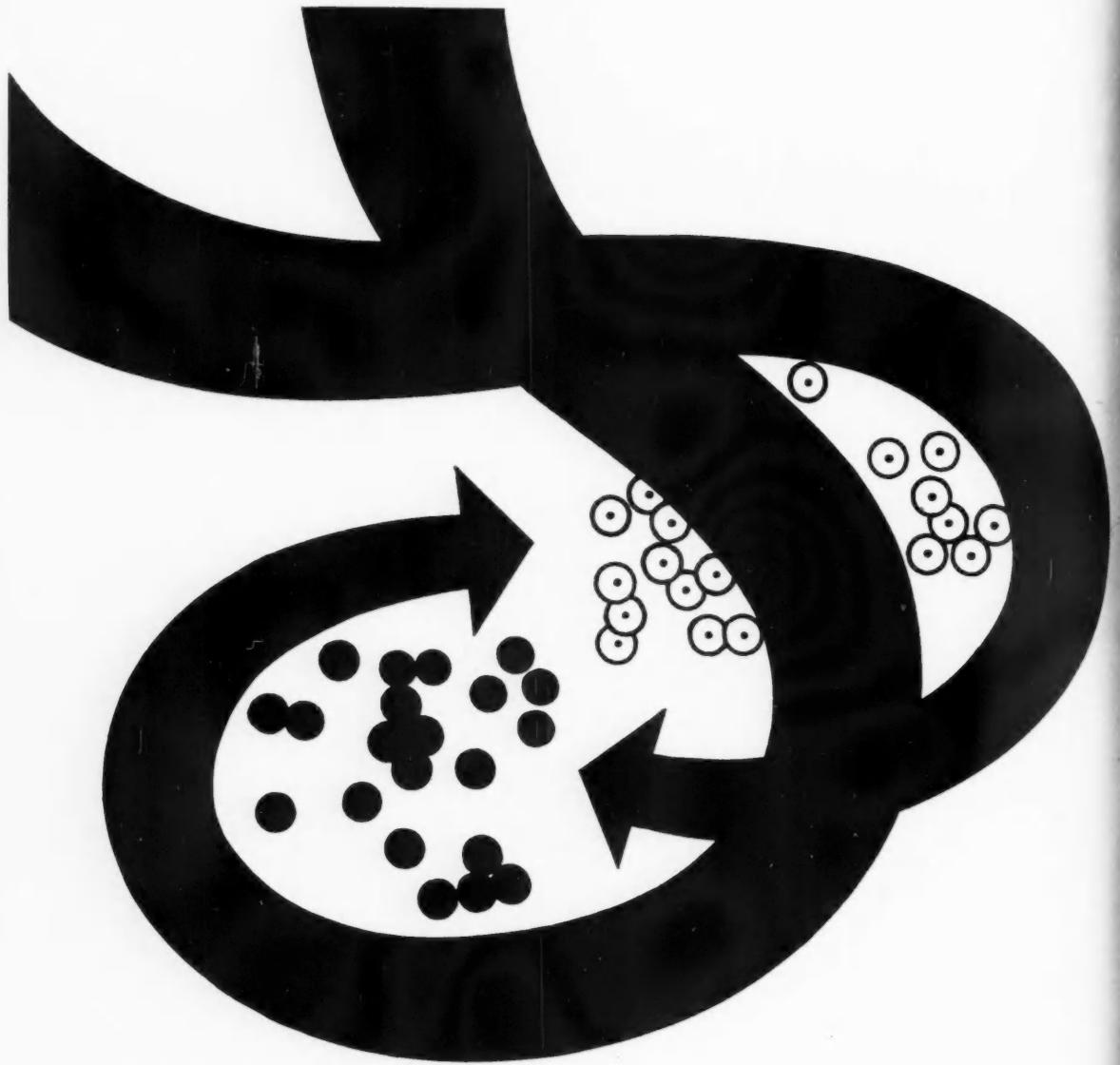
August 26, 1960



WORLD EXPERTS WEIGH HORMONE PROBLEMS

A Doctor's Log:
LONELY VOYAGE
ACROSS THE ATLANTIC

James T. McClellan, M.D.
1221 S. Broadway
Lexington, Ky.



**Now...the only
Nystatin combination
with extra-active
DECLOMYCIN®**

Demethylchlortetracycline

D E C L O S T A T I N®

*with extra-broad spectrum benefits:—
action at lower milligram intake...broad-
range action...sustained peak activity...
extra-day security against resurgence of
primary infection or secondary invasion.*

Demethylchlortetracycline and Nystatin LEDERLE

CAPSULES, 150 mg. DECLOMYCIN Demethylchlortetracycline HCl and 250,000 units Nystatin.
DOSAGE: average adult, 1 capsule four times daily.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY,
Pearl River, New York

Lederle



The
“Nervous
strain...
anxiety...
hypertension
syndrome”

*...controlled
with*

BUTISOL® sodium

butabarbital sodium

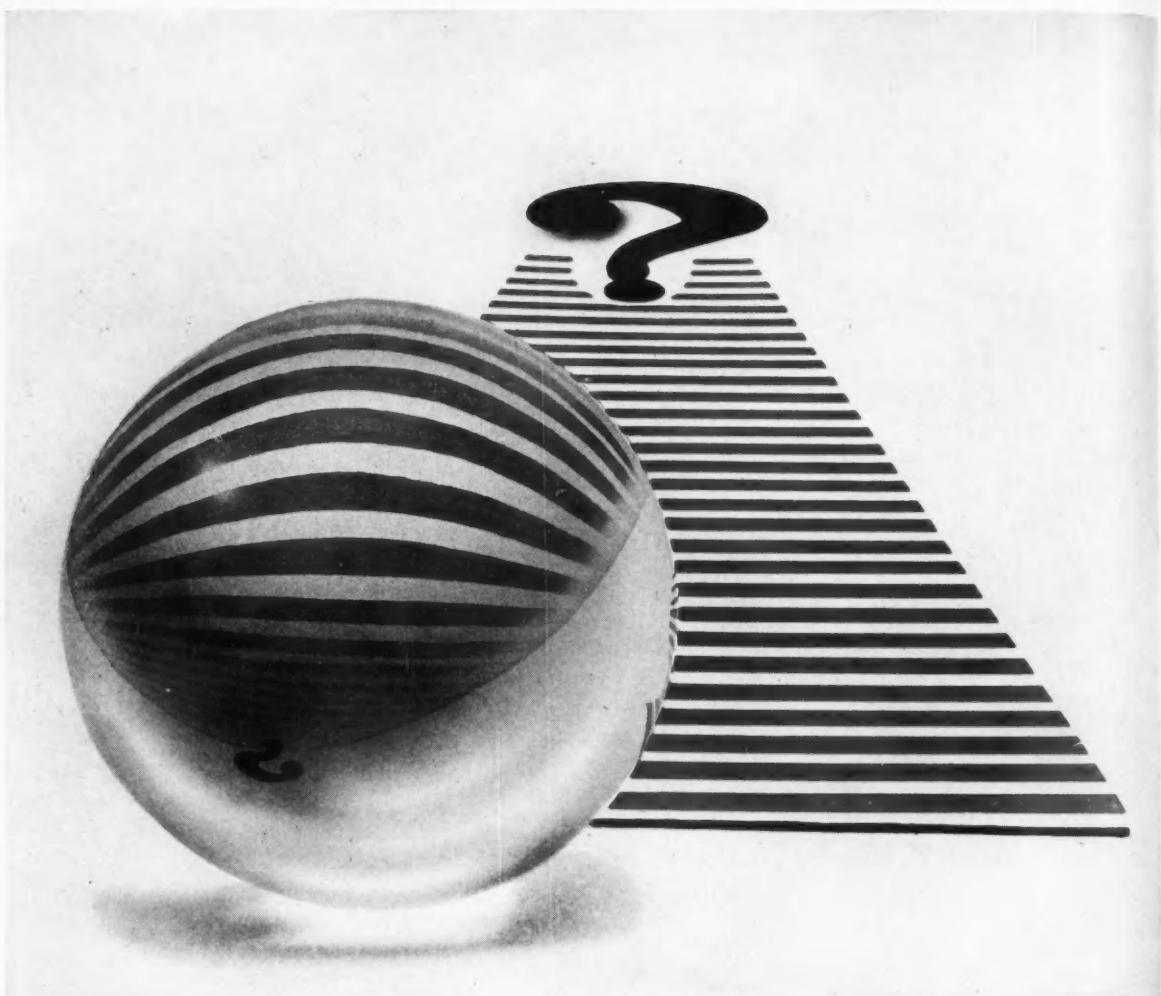
BUTISOL relieves the tension and anxiety that contribute to hypertension—but without causing apathy or inertia. It leaves the patient capable of continuing normal activities.

BUTISOL has been shown¹ to be more effective with fewer side effects than other agents commonly used to control everyday nervousness, apprehension, tenseness and anxiety.

TABLETS • REPEAT-ACTION TABLETS • ELIXIR • CAPSULES
McNEIL LABORATORIES, INC., Philadelphia 32, Pa.

1. Batterman, R. C.; Grossman, A. J.; Mouratoff, G. J., and Leifer, P.: A Clinical Re-evaluation of Daytime Sedatives, Scientific Exhibit, Annual AMA Meeting, San Francisco, Cal., June 23-27, 1958.

McNEIL



what lurks beyond the broad spectrum?

Broad spectrum antibiotics provide the best means of combating pathogenic organisms which range all the way from large protozoa through gram-negative and gram-positive bacteria to certain viruses at the far end of the spectrum.

But beyond the spectrum lurk pathogenic fungi. It is increasingly apparent that fungal superinfections may occur during or after a course of broad spectrum antibiotics.^{1,2} Long term debilitating diseases, diabetes, pregnancy, corticosteroid therapy, high or prolonged antibiotic dosage, and other causes may predispose to fungal superinfections.^{1,3,4}

Mysteclin-V controls infection and prevents superinfection. It makes a telling assault on bacterial infections and, in addition, prevents monilial overgrowth.^{2,5-8} Mysteclin-V is a combination of tetracycline phosphate complex for reliable control of most infections encountered in daily practice, and Mycostatin, the safe antifungal antibiotic. When you prescribe Mysteclin-V, you provide "broad spectrum therapy" plus extra protection that extends beyond the spectrum of ordinary antibiotics.

In pediatrics: Mysteclin-F for Aqueous Drops and Mysteclin-F for Syrup are phosphate-potentiated tetracycline combined with the new antifungal antibiotic, Fungizone (amphotericin B). They provide good-tasting, fruit-flavored aqueous liquids for your pediatric patients.

Supplied: Mysteclin-V Capsules (250 mg./250,000 u.); Half-strength Capsules (125 mg./125,000 u.); Mysteclin-F for Syrup (125 mg./25 mg. per 5 cc.); for Aqueous Drops (100 mg./20 mg. per cc.)

References: 1. Dowling, H. F.: Postgrad. Med. 23:594 (June) 1958. 2. Gimble, A. I.; Shea, J. G., and Katz, S.: Antibiotics Annual 1955-1956 New York, Medical Encyclopedia Inc., 1956, p. 676. 3. Long, P. H., in Kneeland, Y., Jr., and Wortis, S. B.: Bull. New York Acad. Med. 32:552 (Aug.) 1957. 4. Rein, C. R.; Lewis, L. A., and Dick, L. A.: Antibiotic Med. & Clin. Ther. 4:771 (Dec.) 1957. 5. Stone, M. L., and Mersheimer, W. L.: Antibiotics Annual 1955-1956, New York, Medical Encyclopedia Inc., 1956, p. 862. 6. Campbell, E. A.; Prigot, A., and Dorsey, G. M.: Antibiotic Med. & Clin. Ther. 4:817 (Dec.) 1957. 7. Chamberlain, C.; Burros, H. M., and Borromeo, V.: Antibiotic Med. & Clin. Ther. 5:521 (Aug.) 1958. 8. From, P., and Alli, J. H.: Antibiotic Med. & Clin. Ther. 5:639 (Nov.) 1958.

Mysteclin - V

Tetracycline Phosphate Complex (Sumycin) and Nystatin (Mycostatin)

SQUIBB  Squibb Quality—the
Priceless Ingredient

MEDICAL WORLD NEWS

*MYSTECLIN®, *SUMYCIN®, *MYCOSTATIN®, AND *FUNGIZONE® ARE SQUIBB TRADEMARKS.

MEDICAL WORLD NEWS

THE NEWSMAGAZINE OF MEDICINE

AUGUST 26, 1960 **CONTENTS**

PAGE

Late News

4

EXPERTS WEIGH ENDOCRINE FINDINGS

10

Thousands gather in Copenhagen for first global conference on hormonal research, diagnosis and therapy.

DOCTOR LOGS A LONG AND LONELY VOYAGE

18

An English physician's diary tells the medical and nautical story of a solo sailboat race across the Atlantic.

Outlook

9

NEW VIEW OF CHROMOSOME ANOMALY

20

Recent findings on mongolism are now overturned by a unique, three-generation study of gene patterns.

Doctor's Business

27

PRECEDENT SET ON LUNG CANCER

14

Miami jury finds that smoking causes lung cancer but in this case the tobacco company is not liable.

Legislative News

30

BIG VOTE FOR BIG HEALTH COVERAGE

12

Nearly two million Federal employees choose largest coverage available under \$300 million insurance program

Departments

PUBLISHER'S LETTER	7	NAMES IN THE NEWS	31
EDITOR'S CHOICE	22	ADVERTISER INDEX	31
PRODUCT NEWS	28	ACKNOWLEDGMENTS	31
EDITORIAL BY DR. FISHBEIN 32			

MEDICAL WORLD NEWS is published bi-weekly by Medical World Publishing Company, Inc., 1230 Avenue of the Americas, New York 20, N. Y. Accepted as controlled circulation publication at Fairview, New Jersey. Subscription rates: \$12.50 per year to non-professionals; \$6.00 to non-qualified physicians or persons in allied professions; \$15.00 for foreign subscriptions; single copies, 60 cents. © 1960 by Medical World Publishing Company, Inc. All rights reserved. Reproduction without specific permission is prohibited. CHANGE OF ADDRESS: Notification should be sent to Medical World News, 1230 Avenue of the Americas, New York 20, N. Y. Please give both old and new addresses, including zone numbers, if any. Printed in U.S.A. POSTMASTER: Please send form 3579 to Clark-O'Neill, Inc., 1 Broad Ave., Fairview, N. J.

LATE NEWS

NEW BLOOD FLOW METER REGISTERS PROTON STATE

Human blood flow velocity can now be measured *in vivo* without connection of instruments to veins, arteries or any other part of the body. A device invented by physicist J. R. Singer, of the University of California at Los Angeles, makes the measurements by means of magnets and other equipment placed near the body.

The "nuclear resonance blood flow meter" utilizes the "magnetic moment" of the atomic nuclei in a magnetic field. With an independent, low power radio transmitter at the appropriate frequency and a sensitive detector, the magnetic state of hydrogen nuclei (protons) can be determined, and the velocity of the blood calculated from differences in reaction between radio pulses.

PYROGENIC SOLUTIONS ARE EASILY AVOIDABLE

Pyrogen hazards in the preparation of injectable solutions have been much exaggerated, microbiologist Stanley Marcus of the University of Utah has reported.

In fact, he said, it is nearly impossible to add enough environmental bacteria to render a solution pyrogenic if freshly distilled water and USP-grade chemicals are used with glass or stainless steel containers. His investigations have shown that solutions found to be pyrogenic usually are made with contaminated water or allowed to stand for long periods before sterilization.

UAW OUTLINES NEW MEDICAL PLAN

Community Health Service, a non-profit organization headed by United Auto Workers president Walter P. Reuther, has just spelled out details of a new medical plan for the Detroit metropolitan area.

Enrollment will be decided by each individual, not by groups or companies, CHA announced. In addition to normal hospital-medical plan coverage, CHA will cover physicians' home-and-office fees, eye examinations, immunization and regular examinations. Cost per month (slightly more than current Michigan Blue Cross/Blue Shield Plans) will be \$8

for an individual, \$18.80 per couple and \$20.60 for a family.

Services under the plan will be provided by some 18 doctors at Metropolitan Hospital, which will be expanded with a \$2,350,000 backing from the UAW, and through branch clinics to be opened later.

ELECTRONIC 'PILL' TAKES pH MEASUREMENTS WITH EASE

A miniaturized electronic "pill," so small it can be swallowed by a baby, simplifies the measurement of pH in the GI tract, a German doctor says.

The radio device, called a "tum-nik" by its inventor, Dr. Hans Gunther Noller of the Heidelberg University Children's Hospital, is about the size of a cocoa bean. It transmits to an outside receiver, thus eliminating the unpleasant swallowing of a sound tube, while making it possible to reach depths of the GI tract hitherto inaccessible to sound measurements.

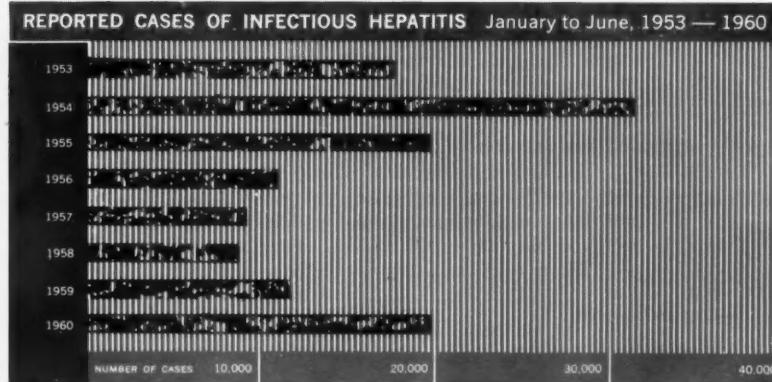
With it, he has taken more than 100 electrical determinations of pH, and discovered among other things that artificial food or cow's milk cannot be the equivalent of human milk from the viewpoint of physiology.

When a newborn is fed human milk, his stomach acidity persists for only 40 minutes before returning to the initial pH value, Dr. Noller told the Third International Conference on Medical Electronics in London. But when baby food is fed, even if it resembles maternal milk, 130 minutes are needed for a return to normal. And acidified cow's milk upsets the pH so much that it does not return to normal even after 220 minutes.

RUMANIAN METAL WORKERS REPORTED 'SHOCK-UP'

Rumanian metallurgical workers who shake to the rhythm of pneumatic hammers develop tactile and thermic sensibility troubles, report Dr. C. Ursuoni and co-workers at the Institute of Hygiene and Public Health, Timisoara, Rumania. They began clinical vibration studies in 1951-52 when 25 hammer holders in their collective complained of vague articular pains in the upper extremities. "The most frequently met objective symptoms," they report, "were cyanosis with passing swelling of hands, and modifications of palm aponeurosis."

HEPATITIS INCIDENCE UP THIS YEAR



One of the few diseases which has shown a considerable increase this year is hepatitis, according to the Public Health Service.

About 19,700 cases were reported in the first half of this year, compared to about 12,000 in the same period of 1959. This is an increase of 64 per cent. Since the beginning of the "disease year" in September, the increase

was about 63.2 per cent, the PHS says.

Hardest hit have been the East North Central states, with 3,766 cases compared to 1,986 in the first half of last year, and the South Atlantic states, with 2,320 compared to 1,078. Only the Mountain states showed a decline—from 1,709 cases in the first six months of last year to 1,603 cases this year.

INNER
CURE

Tr
out pri
have
anemici
from u
The

Rosco
tory in
the ba
transpi
recipie
a poin
H-2 (R

Her
spleen
onic m
adult r
cent o
manufa
and su
to Dr.

Fur
many
tempo
from t
sults o
later t
gardles
given b

The
make
plant
marrow
fetuses
similar
systems
diseas
with a
given
histoc

FAMI
FOR '

Alt
ices fo
heavy
greate
a larg
says t
Infor

De
the he
Shana
ion R
Chicago
HIF p
Sev
people
tions.

INHERITED ANEMIA CURED IN MICE

Transplants of fetal liver cells, without prior irradiation of the recipient, have "taken" and cured inherited anemia in mice. The transplants came from unrelated strains of mice.

The new studies, performed at the Roscoe B. Jackson Memorial Laboratory in Bar Harbor, Me., showed that the basic requirement for successful transplants was that both donor and recipient mice have the same gene at a point on the chromosome called the H-2 (histocompatibility) locus.

Hemopoietic cells from the liver, spleen or marrow of healthy embryonic mice were injected into anemic adult mice. Between 80 and 90 per cent of all animals treated so far have manufactured healthy red blood cells and survived into old age, according to Dr. Elizabeth Russell.

Furthermore, the treated mice in many cases would later accept — temporarily — grafts of other tissues from the same donor strain. The results of the original treatment and later transplants were the same regardless of whether irradiation was given before treatment.

Theoretically, the findings might make it possible to establish transplant banks with spleen, liver and marrow cells of aborted and stillborn fetuses. Tissue-compatibility typing, similar to the current blood-typing system could be set up, and burned or diseased patients could be injected with a matched type of cells, then given the needed transplant from a histocompatible adult donor.

FAMILIES DO CARE FOR THE ELDERLY

Although health and welfare services for the nation's elderly are under heavy pressure, the problem would be greater if families "were not assuming a large measure of responsibility," says the annual report of the Health Information Foundation.

Describing a nationwide survey on the health needs of older people, Ethel Shanas, Ph.D., of the National Opinion Research Center, University of Chicago, reported these facts in the HIF publication:

Seventy-eight per cent of all older people sampled live outside of institutions. Four out of five of these have

living children. And thirty-six per cent of those with children live with at least one child.

Contrary to general impressions, older people who do not live with children are not "abandoned." One-fourth of older people who live outside institutions but do not share a home with children nevertheless have at least one child living on the same block or within walking distance. In a total of nine cases in ten, the older persons were no more than a short ride away from their children.

Furthermore, the "sicker" the older person is the more likely he is to live with — or close to — one of his children. Using self-reports of illness as a basis for evaluation, the "very sick" group in the noninstitutionalized older population is estimated at between 10 and 14 per cent. Seven of every ten of these "very sick," compared to six

of every ten of the rest of the older population, were within walking distance of at least one child.

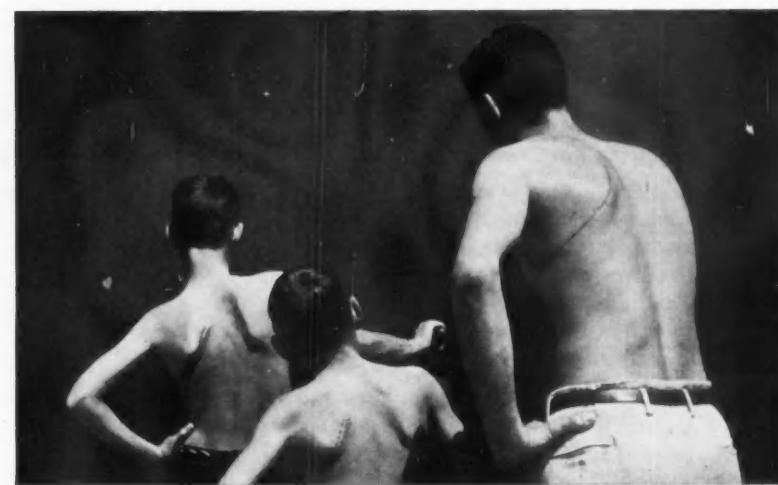
PHYSIOLOGIST FINDS FLAWS IN FLOORS

Deep-pile or foam-rubber padded carpets are bad to walk on because they are too soft. Concrete is worse because it is too hard. Just right is medium-hard flooring of cork, vinyl or Norwegian spruce.

Swedish neurophysiologist Arne Lundervold, Oslo University Clinic, conducted an average of 60 walking tests for six months on each of ten subjects, aged 18 to 39. Electromyograph studies showed that subjects used "muscles differently when walking on the different floor coverings."

The medium-hard floors are best, he said, because they "create the least muscle effort."

THREE BROTHERS MAKE MEDICAL HISTORY



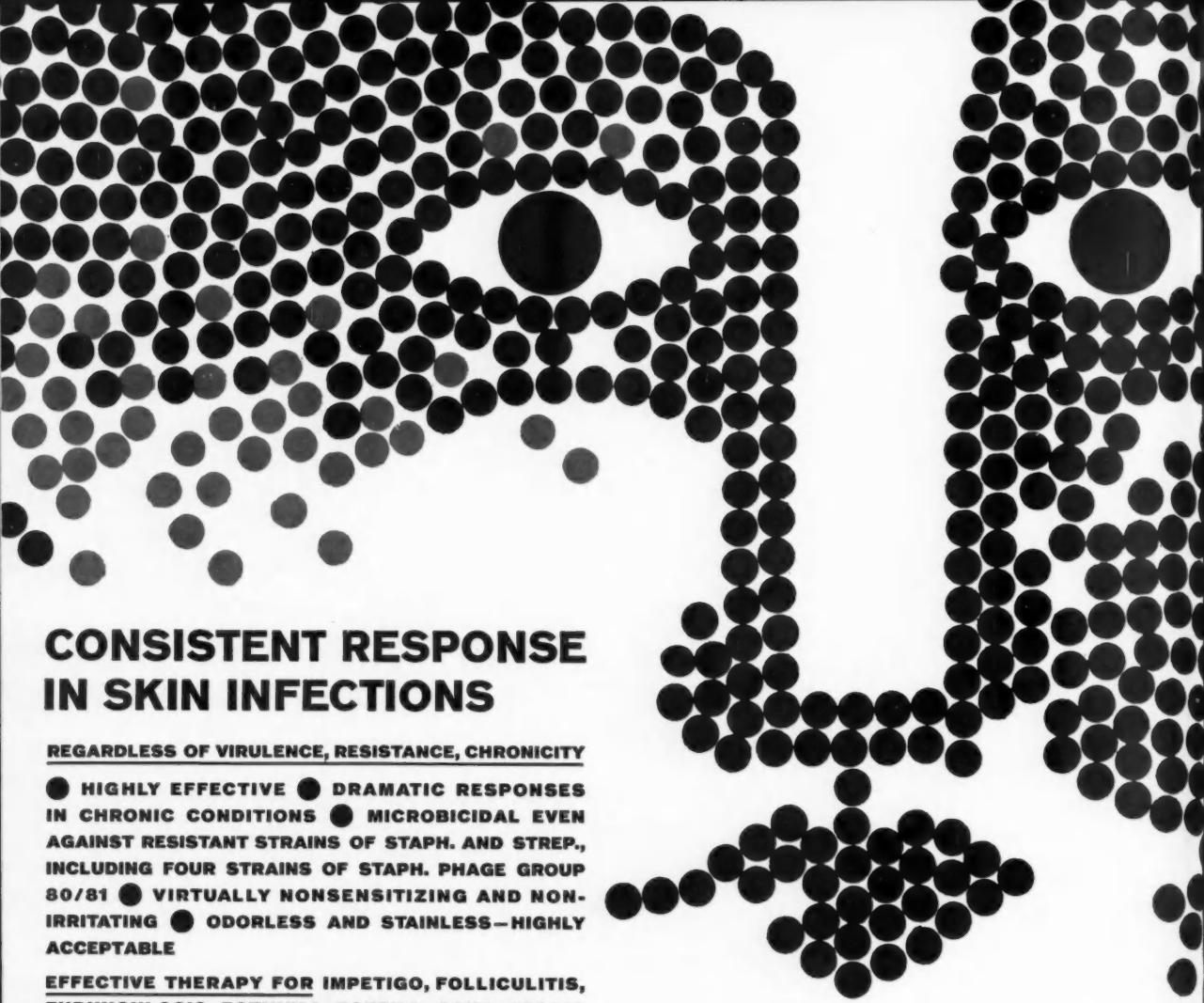
SURGERY for cardiac defect left mark on brothers Edward, Jerold and Jerome Ruzicka.

Rarely do three members of the same immediate family have coarctation of the aorta. Even more rare is that all three were successfully operated on within a few weeks' period.

Jerome Ruzicka, 18, underwent surgery first at St. Vincent's Hospital in Los Angeles; his brothers Edward, 12, and Jerold, Jr., 8, were operated on a little more than a month later. All three have been released and classified as "recovered." All three

very likely would have died before the age of 30 without treatment, according to surgeons Jerome H. Kay and Robert M. Anderson and cardiologist Morse Shapiro, of the University of Southern California School of Medicine.

One other brother had died at the age of one week from the same cardiac anomaly, and both the mother and a 15-year-old sister have heart murmurs, the surgeons noted.



CONSISTENT RESPONSE IN SKIN INFECTIONS

REGARDLESS OF VIRULENCE, RESISTANCE, CHRONICITY

**• HIGHLY EFFECTIVE • DRAMATIC RESPONSES
IN CHRONIC CONDITIONS • MICROBICIDAL EVEN
AGAINST RESISTANT STRAINS OF STAPH. AND STREP.,
INCLUDING FOUR STRAINS OF STAPH. PHAGE GROUP
80/81 • VIRTUALLY NONSENSITIZING AND NON-
IRRITATING • ODORLESS AND STAINLESS—HIGHLY
ACCEPTABLE**

**EFFECTIVE THERAPY FOR IMPETIGO, FOLLICULITIS,
FURUNCULOSIS, ECTHYMA, ECZEMA, ACNE, ATOPIC
DERMATITIS, NEURODERMATITIS, CONTACT DERMA-
TITIS, STASIS ULCERS, HYDRADENITIS, SEBORRHEIC
DERMATITIS, INFECTIOUS ECZEMATOUS DERMATITIS,
WOUNDS, LACERATIONS AND BURNS.**

TRIBURON HYDROCORTISONE CREAM (0.1% TRIBURON
CHLORIDE PLUS 1.0% HYDROCORTISONE IN A VANISH-
ING-CREAM BASE) 5-GM AND 15-GM TUBES. TRIBURON-
HC OINTMENT (0.1% TRIBURON CHLORIDE PLUS 0.5%
HYDROCORTISONE IN A WATER-SOLUBLE BASE) 5-GM
AND 20-GM TUBES. TRIBURON OINTMENT (0.1%
TRIBURON CHLORIDE IN A WATER-SOLUBLE BASE)
1-OZ TUBES AND 1-LB JARS.

**TOPICAL MICROBICIDE • NOT AN ANTIBIOTIC • NOT
A NITROFURAN**

SELECTED BIBLIOGRAPHY: 1. R. C. V. ROBINSON, ANN. NEW YORK ACADE. SC.,
82: (ART 1), 144, 1959. 2. E. EDELSON, E. GRUNBERG, A. D. CALABRESE AND
T. V. MORTON, IBID., P. 124. 3. P. L. WILLIAMS, IBID., P. 135. 4. F. T. BECKER AND
J. L. TUURA, IBID., P. 131. 5. S. M. BLUEFARB, IBID., P. 118. 6. R. J. SCHNITZER,
E. GRUNBERG, W. F. DELORENZO AND R. E. BAGDON, ANTIBIOTICS &
CHEMOTHER., 8:267, 1959.

**TRIBURON® CHLORIDE - N,N'-BIS[1-METHYL-3-(2,2,6-TRIMETHYLCYCLO-
HEXYL)PROPYL]-N,N'-DIMETHYL-1,6-HEXANEDIAMINE BIS (METHOCHLORIDE)**



**ROCHE LABORATORIES
DIVISION OF HOFFMANN-LA ROCHE INC • NUTLEY 10, N.J.**

NEW

Triburon Hydrocortisone

greater therapeutic effect • greater patient appeal CREAM

**MED
N**

ED

F

The

**CONTR
Croatma
Jacquelin**

**CORRE
Bender,
Jane M
cer; Ch
Jean P
Kansas
Willard
waukee
John W
rick; Or
Albert
San Fra
Patricia
Toledo,
bryn; L
Carter;
David
witz.**

**EDITO
enbaum**

**EDITO
antz, L**

AS

E

August

MEDICAL WORLD NEWS

EDITOR

Morris Fishbein, M.D.

EDITORIAL ADVISORY BOARD

Harold S. Diehl, M.D.

Frank L. Horsfall, Jr., M.D.

Chester S. Keefer, M.D.

Irvine H. Page, M.D.

Howard A. Rusk, M.D.

Theodore R. Van Dellen, M.D.

EXECUTIVE EDITOR

William H. White

ASSOCIATE EDITORS

Mae Rudolph: ARTICLES

Alex Gordon: NEWS

Robert Claiborne

Alexander Dorozynski

Jean Watson

Edwin K. Zittell

CONTRIBUTING EDITORS: Wallace Croatman, Leonard Engel, John Foster, Jacqueline Seaver.

CORRESPONDENTS: *Ann Arbor*, William Bender, Jr.; *Atlanta*, Edwina Davis; *Boston*, Jane McCommon; *Buffalo*, Mildred Spencer; *Chicago*, Theodore Berland; *Detroit*, Jean Pearson; *Fl. Worth*, Blain Justice; *Kansas City*, Odona Fanning; *Los Angeles*, Willard Wilks; *Miami*, Robert Blakely; *Milwaukee*, James C. Spaulding; *New Orleans*, John Wilds; *Oklahoma City*, Imogene Patrick; *Omaha*, Marcia Mickelsen; *Pittsburgh*, Albert Bloom; *Philadelphia*, Pierre Fraley; *San Francisco*, George Dusheck; *St. Louis*, Patricia Page; *Seattle*, Hill Williams; *Toledo*, Ray Bruner; *Mexico City*, Emil Zubry; *London*, Neil Herzog; *Rome*, John Carter; *Stockholm*, Per Bergstrom; *Toronto*, David Spurgeon; *Tokyo*, Norman Sklarewitz.

EDITORIAL RESEARCHERS: Herbert Kirshbaum, Benita Steinweg.

EDITORIAL ASSISTANTS: Carole Pomerantz, Loretta Ponzini, Dorothy Quaranta.

ART DIRECTOR

Christopher Magalos

PRODUCTION

William J. Marsik

ASST. TO EXECUTIVE EDITOR

Reba Berlin

SALES DIRECTOR

William J. Egan, Jr.

EASTERN REPRESENTATIVE

Peter H. Lewis

PUBLISHER

Maxwell M. Geffen

A LETTER FROM THE PUBLISHER

In my mail the other day was a clipping which pointed out that a recent Congressional Quarterly poll of Congressmen rated health care of the aged as the election year's number one issue. A similar poll among editors ranked health care second only to foreign policy.

Because of the increasing interest in legislation related to medicine, and its effect on the medical profession, it occurred to me to check on how many physicians are now in Congress. I didn't expect to find many. But I was surprised to see only six—one in the Senate and five in the House—as compared to 297 lawyers, 72 businessmen and financiers, 26 teachers and educators, 22 newspapermen and 20 farmers. (Among the remaining 96 legislators, incidentally, are one housewife, one circus executive and two morticians.)

The MD-Senator is Ernest Gruening (D-Alaska) who has never practiced medicine. The physician Representatives are Thomas E. Morgan, (D-Pa.), chairman of the House Foreign Affairs Committee; Walter H. Judd (R-Minn.), keynote speaker at this year's Republican convention; Ivor Fenton (R-Pa.); Dale Alford (D-Ark.); and Delegate Antonio Fernós-Isern (Popular Democrat-Puerto Rico). These five incumbents all are running for another term in the November election. There are also five MDs currently trying for first terms: Durward G. Hall (R-Mo.); Edwin C. Durno (R-Ore.); John D. Kaster (D-Calif.); Floyd M. Burgeson (R-Iowa) and Fred Obley (R-Pa.).

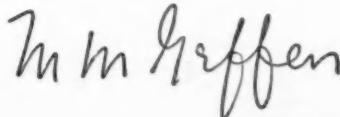
* * *

Perhaps the legal profession and the world of politics are more naturally linked, but now that the Federal government is becoming increasingly involved in medical matters—such as government employees' health insurance, medical care of the aged, FDA regulations and support of research—one might expect that physicians would take a more active part in the legislative life of the nation.

We all know, of course, that health care is intruding more and more into government, and government is intruding more and more into health care. In his inaugural address last June, AMA president E. Vincent Askey spelled out what he saw as the implications of this situation for today's physician. "In matters of health," he said, "the physician must be his community's leader, his community's voice, his community's conscience. . . . We are challenged to prove once again that medicine practiced in a free society is the most effective medicine. . . . We must prove these things conclusively. No one will ever prove them for us."

* * *

As a publication which serves as the "newsmagazine of medicine," MEDICAL WORLD NEWS seeks to keep its readers as well informed on these facets of professional life as on the scientific aspects. Thus in our first issue last April, our lead story reported the pressures at work which were catapulting the issue of medical care for the aged from mild obscurity to the political forefront. We wrote then: "Some kind of legislation will pass. The only question is when and what form it will take." And in our last issue, we recorded the latest chapter in the health-care story by bringing together the views of Senator Kennedy and Vice President Nixon on medical legislation. We'll have more news as it comes up.



Publisher

FROM PARKE-DAVIS...A NEW ORAL ANTIBIOTIC

Humatin®^{KAPSEALS®}

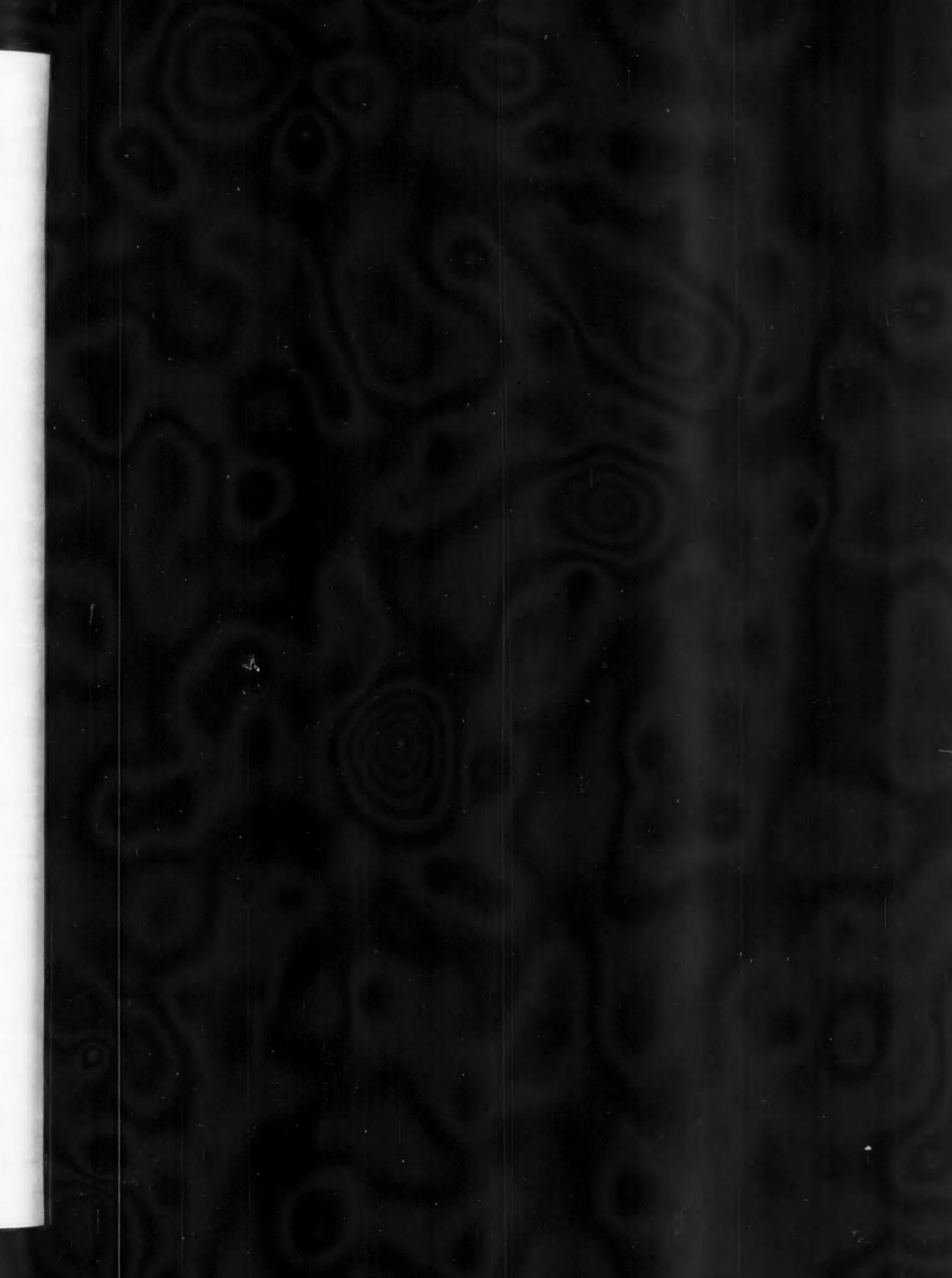
(PAROMOMYCIN, PARKE-DAVIS)

PROVIDES EFFECTIVE ANTIBACTERIAL AND ANTIAMEBIC ACTIONS. USEFUL IN INFECTIOUS DIARRHEAS OF BACILLARY AND NONSPECIFIC ETIOLOGY.¹⁻⁴ PRACTICALLY UNABSORBED, THUS VIRTUALLY NONTOXIC.^{1,5-7} VALUABLE IN ALL FORMS OF INTESTINAL AMEBIASIS—ACUTE, SUBACUTE, AND CHRONIC.^{1,4-7} EFFECTIVE IN PREOPERATIVE SUPPRESSION OF INTESTINAL FLORA,¹ AND IN ADJUNCTIVE MANAGEMENT OF HEPATIC COMA.^{8,9,10}

Supplied: Humatin is supplied as the sulfate in Kapsseals®, each containing 250 mg. of base; bottles of 16. Literature supplying details of dosage and administration available on request. *References:* (1) Courtney, K. O., & Thompson, P. E.: Paromomycin As a Therapeutic Substance for Intestinal Amebiasis and Bacterial Enteritis, *Antibiotics Annual 1959-1960*, New York, Medical Encyclopedia Inc., in press. (2) Godenne, G. D.: Paromomycin in Diarrheas of Infants and Children, *Antibiotics Annual 1959-1960*, New York, Medical Encyclopedia Inc., in press. (3) McMath, W. F. T., & Hussain, K. K.: *Pub. Health* 73:328, 1959. (4) Personal Communications to the Department of Clinical Investigation, Parke, Davis & Company, 1959. (5) Shafei, A. Z.: *Antibiotic Med. & Clin. Therapy* 6:275, 1959. (6) Elias, F. L., & Oliver-Gonzalez, J.: *Antibiotic Med. & Clin. Therapy* 6:584, 1959. (7) Carter, C. H.: *Antibiotic Med. & Clin. Therapy* 6:586, 1959. (8) Fast, B. B., et al.: *Arch. Int. Med.* 101:467, 1958. (9) Mackie, J. E., et al.: *New England J. Med.* 259:1151, 1958. (10) Stormont, J. M., et al.: *New England J. Med.* 259:1145, 1958.

00460

PARKE-DAVIS & COMPANY-Detroit 32, Michigan PARKE-DAVIS



OUTLOOK

- Federal Office of Aging proposed in Congress
- Drug company gets polio vaccine capsule patent

Oral contraceptive pills will be offered by the Planned Parenthood Federation's 100 affiliates throughout the nation, as a result of a decision by the group's 27-man medical committee. It recommends that Enovid (Searle), the only such pill approved so far by the FDA, be offered "routinely" along with other contraceptive methods. The group, which is headed by Dr. Alan F. Guttmacher, New York's Mt. Sinai Hospital obstetrics and gynecology chief, said: "All studies have shown Enovid to have a high degree of effectiveness provided it is taken not only in proper doses but with absolute regularity, with not even a single scheduled day omitted."

A bill to set up a U.S. Office of Aging, under the Department of Health, Education and Welfare, has been introduced in Congress by Sen. Pat McNamara (D-Mich). It would be headed by an assistant secretary for aging and would deal with health and other problems of the elderly.

A new government quarterly, "Social Security Rulings," will make available a "substantial body of official decisions in cases covering old-age, survivors and disability insurance." The periodicals also will contain announcements of changes in Social Security regulations.

A nationwide campaign to reduce infant mortality is being launched by the American Medical Association. A key part of the project will be to "put into work" the association's "Guide for the Study of Perinatal Mortality and Morbidity." This publication includes a perinatal code sheet and other forms designed to provide uniform terminology and reporting data in participating hospitals throughout the country. Tabulated data from the code sheets will be correlated by the AMA committee on maternal and child care, and returned to the hospital for review by its perinatal and maternal mortality and morbidity study committee.

Lederle Laboratories has been granted a U.S. patent for a method of preparing live polio vaccines in oral capsule form. The first patent to be issued in connection with live poliovirus, it covers a free-flowing, dry, granulated vaccine prepared with gelatin, which Lederle has used only in tests in Latin America. The company has recently begun to make most of its live vaccine in a cherry-flavored liquid form.

EXPERTS WEIGH ENDOCRINE FIN

Thousands gather in Denmark for first global look at hormone research, diagnosis

With a welcome that few cities could match, Copenhagen rolled out the red carpet for the largest number of endocrinologists ever assembled on a single continent, let alone under the same roof. More than 2,000, speaking at least a dozen languages plus Interlingua, enjoyed the blessings of King Frederik IX, a reception by the city council, a private display of fireworks, a banquet and a visit to a royal castle. The First International Congress on Endocrinology also heard and discussed more than 800 reports which revealed the latest in worldwide hormone research. Among the highlights:

Follow-up on Aldosteronism

The man who described the first case of primary aldosteronism declared that after six years' observation he now believes the disease "will prove to be much more common than we think it is today."

Fifty-six cases of this "intriguing syndrome," which is completely curable by surgery, have been reported in the literature and 100 more are well documented, reported Dr. Jerome W. Conn of the University of Michigan Medical School, Ann Arbor.

In retrospect, he notes, it "was our good fortune to have encountered a most classical case of primary aldosteronism as the initial one." Very little has been added to the biochemical or symptomatological picture, although some "astute clinicians" have recognized cases in which classical manifestations have been missing.

In a situation, the diagnosis of which must lead to surgery, one desires "infallible diagnostic criteria," Dr. Conn added. Criteria have been worked out, but "experience in the past five years has taught us that if we insist on having all the classical findings we will diagnose only about 30 per cent of the cases." And early diagnosis is crucial.

Removal of the source of excess aldosterone production results in "dramatic disappearance of the entire syn-

drome in the vast majority of cases." The usual response is prompt rearrangement of electrolyte and acid-base balances, usually completed by the third postoperative week. All the symptoms disappear abruptly.

Endocrine Tests Rated

One of the major problems with endocrine diseases is the clinical assay of various hormones. From a number of reports emerged these findings on tests for these substances:

Corticosteroids: Clinically, the utility of procedures in this area is more important than obtaining absolute values. Urinary corticosteroids are measured mostly by the phenylhydrazine reaction with the dihydroxyacetone side chain. The Reddy procedure is "useful, practical and economical" but suffers one or two drawbacks. The Norymberski technique avoids enzymatic treatment and detects several other metabolites of cortisol. This is a popular and successful procedure.

Plasma cortisol may be measured by the Nelson and Samuels chromatographic procedure, although some investigators prefer a "modified" Silber-Porter method.

Aldosterone: A proper appraisal of the clinical significance of aldosterone levels must depend on a knowledge of its secretion and metabolism and on

the mode of transport (including renal clearance) of the hormone and its metabolites. Some new and simple methods have been evolved on the basis of the recent preparation of quantities of tritiated aldosterone.

Progesterone, pregnanediol, pregnanetriol: These three "similar" substances differ in chemical and biological properties as well as physiological significance, and methods of estimation are based on the former while clinical evaluation depends on the latter. A number of chemical methods are available for all three steroids.

Measurement of progesterone in blood is used mainly for purposes of clinical research related to pregnancy and the menstrual cycle. Urinary pregnanediol is the main metabolite of ovarian and placental progesterone, and serial estimations help to evaluate ovarian and placental tissues function.

Pregnanetriol is excreted in normal urine in small amounts, and is useful in diagnosing adrenal dysfunction.

Gonadotrophins: The clinical determination of human pituitary gonadotrophin (HPG) has only recently reached the point where it can be routinely employed in the small medical center. For extraction of urine, either the kaolinacetone or the tannic acid method may be used. For biological assay, either the mouse uterine weight



OFFICIALS of Congress, Drs. Gregory Pincus of Massachusetts (l.) and Christian Hamberger of Copenhagen helped plan program of 800 papers, 12 symposiums, panels.

NEFINDINGS

search diagnosis and therapy

ng renal
and its
simple
on the
tion of
ne.

l, preg-
er" sub-
nd bio-
physiol-
s of es-
er while
the lat-
methods

roids.

rone in
oses of
regnancy
ery preg-
olite of
sterone,
evaluate
unction.

normal
s useful
ion.

ical de-
y gona-
recently
be rou-
medica-
, either
nic acid
iological
weight

or the rat ovarian weight method may be employed. Clinical determination of human chorionic gonadotrophin (HCG) is performed by a variety of tests; the most suitable is ovarian hyperemia in rats. Values of HCG are now well known for normal and abnormal pregnancies and for choriocarcinoma in men and women.

Catecholamines: Estimations in urine for practical clinical purposes can be made fluorometrically with a relatively simple technique geared to the hospital lab. Blood estimations require special resources. Assays in blood and urine have proved useful in a number of conditions including hypoglycemia, myocardial infarcts, chromaffin cell tumors and adrenalectomy.

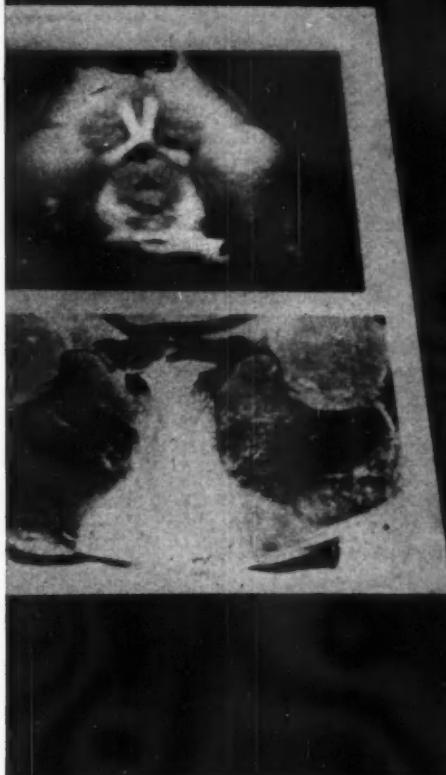
Hyperplasia Therapy Evaluated

Cortisone or related steroid treatment of 96 patients with congenital adrenal hyperplasia, covering a period of a few months to almost ten years, has been evaluated by Dr. Lawson Wilkins of Johns Hopkins Hospital, Baltimore, Md. His conclusions:

The earlier in life treatment is begun, the more perfect the results. Most infants treated before two years of age have developed as normal children.

When treatment is delayed until after age two, progressive virilization

CONTINUED



THEORIST Gordon Farrell of Cleveland makes new suggestion about role of pineal gland in aldosterone secretion, at First International Congress of Endocrinology.



RESEARCHERS Göran Lindqvist of Sweden and Martha Schon of New York discuss their studies on the relationship of pituitary gland to female sexual activity.

SYMPOSIUM speakers analyze gonadotrophin activity. International executive committee, with 23 members from 13 countries, selected conference material and planned program.



CLINICIAN Sadek Foda, Egypt, evaluates amenorrhea therapy.

ENDOCRINE FINDINGS CONTINUED

has already occurred. And while therapy will check the rapid progress of epiphyseal development, preventing too much stunting of growth, full adult height is not usually attained. Progressive virilization and acne are checked.

If the bone age is less than 11 or 12 years at the time cortisone therapy begins, the patient will develop at a normal rate thereafter. However, if, the osseous development has reached the level of 13 or 14 years before treatment, there is an abrupt onset of adolescent sexual development.

When treatment is instituted in females between ages 10 and 18, most pseudohermaphrodites can adjust well and treatment is "exceedingly worthwhile. We have treated ten women between the ages of 18 and 49 years. Even at this age very satisfactory feminization can occur."

Irradiation for Amenorrhea

Low-dose irradiation in a series of 23 patients with amenorrhea and primary sterility has been followed by the birth of 15 normal children, reported Dr. M. Sadek Foda of the gynecology and obstetrics section of Kasr-El-Aini Hospital at Cairo University.

Two other patients, with secondary anemia only, also received the 150 to 170 r dosage. All patients had proved to be hormone-therapy resistant.

Absolute cure of amenorrhoea was achieved in 60 per cent of the cases, temporary and partial remission in 16 per cent and failure in 12 per cent, Dr. Foda said. In the younger group (20 to 25 years) cure was achieved in 83 per cent. In spite of seven abor-

tions, caused either by uterine malformations or uterine hypoplasia, none of the children born seem to have been affected by the radiation.

Sex Effect of Hypophysectomy

American and Swedish researchers independently have uncovered strikingly similar findings on the relationship between the pituitary gland and sexual activity in women. Both groups found a decrease or disappearance of sexual desire after hypophysectomy—with two exceptions. In the Swedish study, one patient experienced increased sexual desire, and one woman who had never experienced orgasm reported that she did so consistently after surgery.

Drs. Martha Schon and Arthur M. Sutherland of Memorial Center for Cancer and Allied Diseases in New York City found that of 25 women who were sexually active to some degree before hypophysectomy, only 12 retained any sexual activity afterwards. Of 20 who had previously experienced orgasm, only five could do so post-surgery. Administration of exogenous thyroid did not help, Dr. Schon noted.

Dr. Göran L. Lindqvist, of the department of psychiatry at Sahlgrenska Hospital, Gothenburg, Sweden, interviewed his 15 subjects 5 to 37 months after surgery and performed postoperative endocrinological analysis in 13 cases. He found that adrenal insufficiency—without proved thyroid insufficiency—had developed in one case. But in all others hypophysectomy seemed to be complete. With these two exceptions, the Swedish results were similar to those of the New York City investigators. ■

OVERFLOW crowd fills Copenhagen meeting room. Conference sponsors include 24 countries, seven foundations, schools, agencies, and 36 pharmaceutical firms.



BIG VOTE FOR

More than 1.7 million Federal employees decide that nothing is too good when it comes to picking up an insurance option

The biggest single employee group in the country—1,738,828 people who work for the Federal government—has just decided that it wants the most health insurance coverage it can get, regardless of cost.

Under the new \$300,000,000 employees health benefits program, the workers were offered their choice of two government-wide plans and a number of local plans. In most cases they also had a choice between high-cost and low-cost plans.

Overwhelmingly—by 81 per cent—they picked the top option. This was in the face of two factors which might have been discouraging: the low options generally offer benefits comparable to those of insurance the employees already had, and the amount the government contributes is the same regardless of which option is selected. (For instance, under one plan, the government pays \$3.94 a month for both the \$15.43-a-month high-option coverage and the \$10.27-a-month low-option plan.)

Increased interest in indemnity—as opposed to fee-for-service—plans also was shown in the response to the coverage offered by an amalgam of 130 commercial companies headed by Aetna Life Insurance Company.

Blue Plans Hold Own

Some 27 per cent of the employees picked up the commercial carriers' plan, compared to 54 per cent who enrolled in Blue plans (see chart).

About 90 per cent of eligible employees are now covered by the program, raising by 20 per cent the total number of Americans with major medical coverage. The employees themselves will pay 62 per cent of the total bill, or \$186,000,000, and the government agencies they work for will chip in the other \$114,000,000.

The new program provides for improvements both in the extent of hospital and medical benefits and a broader application of them, says the Civil Service Commission. In addition

to the
cal ex-
empli-
fits su-
and c-
care i-
of ho-

In
ernm-
kinds

Bi-
full o-
board
to 12-
paid o-
pays
a ma-
amou-
tist. I-
ered
scrib-
after
of an

Co-
\$1,00-
per c-
pays
gical
deduc-
the p-
10 da-
to \$9-
deliv-
mica-
for m-
rian,
ben-

T

OTE FOR BIG HEALTH COVERAGE

BOXSCORE OF FEDERAL EMPLOYEES' PICK OF THE PLANS					
	ENROLLMENT	% TOTAL ENROLLMENT	% HIGH OPTION	% LOW OPTION	
Government-wide SERVICE Benefit PLAN	943,377	54%	82%	18%	
Government-wide INDEMNITY Benefit PLAN	465,385	27%	82%	18%	
Employee Organization Plans	229,079	13%	68%	32%	
Comprehensive Medical Plans	100,987	6%	93%	7%	
TOTAL	1,738,828	100%	81%	19%	

to the coverage for hospital and surgical expenses customarily offered, most employees now have additional benefits such as coverage for doctors' home and office visits, private duty nursing care in or out of the hospital and out-of-hospital drugs.

In brief, the two high-option government-wide plans offered these two kinds of coverage:

Blue Cross-Blue Shield: The usual full coverage of hospital room and board and other in-hospital costs up to 120 days. Surgical-medical bills are paid on a fee schedule basis. The plan pays up to \$100 for hospital costs in a maternity case, plus fee schedule amounts for obstetrician and anesthetist. In addition, for expenses not covered by the basic benefits, the subscriber pays the first \$100 in costs, after which the plan pays 80 per cent of any further costs up to \$20,000.

Commercial Indemnity: Pays up to \$1,000 hospital bills annually plus 80 per cent of any amount above that; pays 80 per cent of other hospital surgical and medical costs over the \$50-deductible base. For maternity cases the plan allows up to \$15 a day for 10 days' hospital room and board, up to \$90 obstetrician's fee for normal delivery, \$150 for Caesarean, \$60 for miscarriage; up to \$18 anesthetist's fee for normal delivery, \$30 for Caesarian, \$12 for miscarriage. Maximum benefits total \$30,000.

The low options for both plans

offer the same kind of coverage but the amounts and length of hospital stay covered are reduced considerably.

What the government employees did may have considerable impact on the nationwide insurance picture, say the Civil Service Commission and commercial insurance spokesmen. Since all the contracts provide more

liberal coverage than is usual, successful operation of the plan "will tend to raise the standards of all plans," comments Aetna vice president Lawrence M. Cathles, Jr.

All the carriers seemed to have been relieved at the employees' favoring of high options, which they say constitute the greatest bargain. ■

BLUE CROSS LEADER SUGGESTS AGED PLAN

In what is being viewed as a break in medical ranks opposing "Forand-type legislation," the president of the nation's largest Blue Cross plan—Associated Hospital Service of New York—has sent Congressional leaders and other Blue Cross directors a six-point program calling for medical care of the aged under Social Security.

Terming it his "own personal suggestion," J. Douglas Colman said the proposal would cover all individuals receiving old age and survivors' benefits under Social Security, and those persons receiving old age assistance. Two-thirds of the cost would be financed by a compulsory 0.5 per cent payroll tax on employees and employers. The remaining one-third would come from Federal-state funds.

Basic benefits would include 60 days of hospitalization with medical and surgical services; and medical and

nursing care, drugs, appliances and homemaker services when prescribed by the attending physician after discharge. More extensive benefits would be available for those who wish to pay for added coverage.

During the first six years, Colman's plan would also provide for grants from Federal and state tax funds "for states to initiate new services of special value to aged persons such as organized home care programs."

In making his suggestion, the New York City Blue Cross executive declared that the Eisenhower Administration's proposal, placing reliance on matching state and Federal funds, is "unrealistic in relation to the current status of state budgets." Proposals such as the McNamara bill and its amendments, he added, have "limited promise so long as their financing is totally from payroll taxes."

PRECEDENT SET ON LUNG CANCER

A Miami jury, weighing conflicting medical testimony, decides that cigarette smoking causes lung cancer but in this case the tobacco company cannot be held liable

For the first time, a court has ruled that cigarette smoking caused fatal lung cancer. But the jury of ten men and two women—seven of them smokers—refused to grant a damage claim of \$1,500,000 on the grounds that before 1956 the tobacco manufacturer had no knowledge of the possible injurious effects of cigarettes.

The case involved Edwin M. Green, a Miami contractor who had smoked more than two packs of Lucky Strikes daily for more than 30 years. Early in 1956, Mr. Green learned he had a primary carcinoma of the left lung. Before he died, two years later at age 49, he filed a suit against the American Tobacco Company.

Arguing the case for the estate and the widow was Dr. Lawrence V. Hastings, a Miami surgeon and attorney. The company was represented by David Dyer, also of Miami.

For two weeks, a parade of expert witnesses on each side offered evidence which put in focus conflicting medical views on the causative link between smoking and lung cancer.

Highlights of testimony for the plaintiff:

"Cigarette smoking is a causative factor in the rapidly increasing incidence of human epidermoid carcinoma of the lung"—Dr. John R. Heller, Jr., director of the National Cancer Institute.

Increase Due to Smoking

"Based on extensive clinical experience, I am convinced that the tremendous increase . . . in the incidence of the disease is due entirely to smoking"—Dr. Alton Ochsner of New Orleans' Ochsner Clinic.

"A heavy smoker's risk of lung cancer is 20 times greater than a non-smoker"—Dr. Ernest L. Wynder, Sloan-Kettering Institute.

"If this man had not smoked, he would not have died of lung cancer at the time"—Dr. Richard Overholt, formerly of Boston's Lahey Clinic.

For the defense:

"It is my opinion that the use of tobacco and the use of cigarettes par-

ticularly have not been established as a cause of lung cancer. Smoking is not universally present in those who develop squamous cell carcinoma of the lung or any other kind of carcinoma of the lung. Secondly, smoking has not yet been able to produce the disease in any experimental animals, and humans have not yet been used for this purpose, so that we have not yet had any experimental work"—Dr. M. Jay Flipse of Miami, president of the American College of Chest Surgeons.

Cause of Cancer Unknown

"In my opinion, no cancer of the lung can be said to be caused by smoking any kind of cigarettes or any kind of tobacco product"—Dr. Thomas H. Burford, chief, division of thoracic and cardiovascular surgery, Washington University School of Medicine, St. Louis.

"I believe it is not true, [that smoking is a cause of lung cancer] but no one knows the cause of cancer, so we cannot ascribe any agent to it"—Dr. Duane Carr, chief of thoracic surgery,

University of Tennessee Medical School. (Surgeon Carr also seriously questioned whether Mr. Green had, in fact, primary cancer of the lung. He pointed out that no biopsy was done on the lung itself and that diagnosis had been established through a right supraclavicular lymph node.)

During its nine hours of deliberation, the jury repeatedly sent out for cigarettes for the seven smoking members. Finally foreman Henry J. Ayres announced their verdict (see box). Both sides voiced victory.

Said Alfred F. Dowden, vice president of the company: "It is gratifying that the first jury to decide a lung cancer case has returned a verdict in favor of our company. Testimony by doctors and scientists during the trial brought out the fact that the theory of cigarette smoking as the cause of cancer of the lung is not substantiated."

Commented Dr. Hastings: "The most salutary effect of this trial is that the tobacco companies now have to recognize that the American public, as represented by a jury of average American citizens, now accepts and believes that there is a causal relationship between cigarette smoking and lung cancer." ■

HOW THE JURY VOTED

The jury will please answer the following questions, or such part thereof as required by the instructions and base each of their answers upon what is shown by a preponderance of the evidence in this case.

1. Did the decedent Green have primary cancer in his left lung?

Yes No

If your answer is "Yes," then

2. Was the cancer in his left lung the cause or one of the causes of his death?

Yes No

If your answer to the above question is "Yes," then

3. Was the smoking of Lucky Strike cigarettes on the part of the decedent, Green, a proximate cause or one of the proximate causes of the development of cancer in his left lung?

Yes No

If your answer to the above question is "Yes," then

4. Could the defendant on, or prior to, February 1, 1956, by the reasonable application of human skill and foresight have known that users of Lucky Strike cigarettes, such as the decedent, Green, would be endangered, by the inhalation of the main stream smoke from Lucky Strike cigarettes, of contracting cancer of the lung?

Yes No

So say we all.

/s/ Henry J. Ayres
Foreman

ER

Medical
seriously
en had,
ng. He
as done
agnosis
a right

eliber-
out for
g mem-
. Ayres
e box).

the presi-
ratifying
ing can-
in favor
by doc-
the trial
theory
ause of
bstanti-

: "The
l is that
have to
public,
average
pts and
relation-
ng and



Dramamine®

brand of dimenhydrinate

...the classic drug for vertigo
caused by labyrinthine disturbance.

Each scored, yellow tablet contains 50 mg.
of dimenhydrinate, U.S.P.

Average dose: 1 or 2 tablets 3 or 4 times daily.

Dramamine is available in 4 dosage forms:
Tablets, Liquid, Suppositories® and Ampuls.

also available for vertigo with anxiety and depression

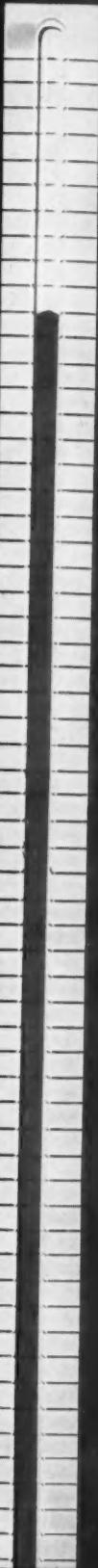
Dramamine-D®

dimenhydrinate with *d*-amphetamine sulfate

controls symptoms . . . improves mood
Average dose: 1 tablet 2 or 3 times daily.

RESEARCH IN THE SERVICE OF MEDICINE SEARLE

**for a smooth
downward
curve**



New Rautrax-N results in prompt lowering of blood pressure.¹ Rautrax-N, a new antihypertensive-diuretic preparation, provides improved therapeutic action¹ plus enhanced diuretic safety for all degrees of essential hypertension. A combination of Raudixin and Naturetin, Rautrax-N facilitates the management of hypertension when rauwolfia alone proves inadequate, or when prolonged treatment, with or without associated edema, is indicated.

Naturetin, the diuretic of choice, also possesses marked antihypertensive properties, thus complementing the known antihypertensive action of Raudixin. In this way a lower dose of each component in Rautrax-N controls hypertension effectively with few side effects and a greater margin of safety.¹⁻¹⁶

Other advantages are a balanced electrolyte pattern¹⁻¹⁶ and the maintenance of a favorable urinary sodium-potassium excretion ratio.²⁻¹⁶ Clinical studies¹⁻⁵ have shown that the diuretic component of Rautrax-N—Naturetin—has only a slight effect on serum potassium. The supplemental potassium chloride provides additional protection against potassium depletion that may occur during long term therapy.

Rautrax-N may be used independently or with other antihypertensive drugs, such as ganglionic blocking agents, veratrum or hydralazine, when needed for the occasionally difficult patient.

Supply: Rautrax-N—capsule-shaped tablets providing 50 mg. Raudixin (Squibb Rauwolfia Serpentina Whole Root) and 4 mg. Naturetin (Squibb Benzydroflumethiazide), with 400 mg. potassium chloride.

Dosage: For initial therapy, the suggested dosage is 1 to 4 Rautrax-N tablets daily after meals. If the higher amounts are needed, daily dosage should be divided into 2 doses given every 12 hours. However, dosage should be initiated at a low level, which may be increased after intervals of several days, if necessary, until the desired response is obtained. For maintenance therapy, 1 or 2 Rautrax-N tablets daily should prove adequate; however, daily maintenance dosage may range from 1-4 Rautrax-N tablets. **Note:** In hypertensive patients already on ganglionic blocking agents, veratrum or hydralazine, the addition of Rautrax-N will require an immediate dosage reduction of each of these agents by at least 50 per cent. The same dosage reduction applies when any of these agents is added to the Rautrax-N regimen. Literature available on request.

References: 1. Reports to the Squibb Institute, 1960. 2. David, N. A.; Porter, G. A., and Gray, R. H.: Monographs on Therapy 5:60 (Feb.) 1960. 3. Stenberg, E. S., Jr.; Benedetti, A., and Forsham, P. H.: Op. cit. 5:46 (Feb.) 1960. 4. Fuchs, M.; Moyer, J. H., and Newman, B. E.: Op. cit. 5:55 (Feb.) 1960. 5. Marriott, H. J. L., and Schamroth, L.: Op. cit. 5:14 (Feb.) 1960. 6. Ira, G. H., Jr.; Shaw, D. M., and Bogdonoff, M. D.: North Carolina M. J. 21:19 (Jan.) 1960. 7. Cohen, B. M.: M. Times, to be published. 8. Breneman, G. M. and Keyes, J. W.: Henry Ford Hosp. M. Bull. 7:281 (Dec.) 1959. 9. Forsham, P. H.: Squibb Clin. Res. Notes 2:5 (Dec.) 1959. 10. Larson, E.: Op. cit. 2:10 (Dec.) 1959. 11. Kirkendall, W. M.: Op. cit. 2:11 (Dec.) 1959. 12. Yu, P. N.: Op. cit. 2:12 (Dec.) 1959. 13. Weiss, S.; Weiss, J., and Weiss, B.: Op. cit. 2:13 (Dec.) 1959. 14. Moser, M.: Op. cit. 2:13 (Dec.) 1959. 15. Kahn, A., and Grenblatt, I. J.: Op. cit. 2:15 (Dec.) 1959. 16. Grollman, A.: Monographs on Therapy 5:1 (Feb.) 1960.

Squibb Quality—the
Priceless Ingredient
SQUIBB



The proved, effective antihypertensive—
now combined with a safer, better diuretic

RAUTRAX-N*

Squibb Standardized Whole Root Rauwolfia Serpentina (Raudixin) and Benzydroflumethiazide (*Naturetin) with Potassium Chloride

*RAUDIXIN® *RAUTRAX® AND *NATURETIN® ARE SQUIBB TRADEMARKS.



IN PORT, 54 days out of Plymouth, Dr. David Lewis ties up the *Cardinal Virtue*.



IN CABIN, Dr. E. L. Severinghaus of Columbia University (l.) gives Lewis psychological test. Blondie Hasler (r.) who initiated race, placing second, tallies unused food.

DOCTOR LOGS A LONG

A British general practitioner records a personal and scientific saga of his single-handed battle against the wind and sea in the first transatlantic solo sailboat race

Early on the morning of August 6 a weary blue sloop with a weary sailor aboard moved through the Narrows of New York Harbor behind a Coast Guard vessel, to the quarantine station on Staten Island.

The man was 42-year-old Dr. David Lewis of East Ham, London. He had just spent 54 days and nights alone on the North Atlantic, in a race among five men, each in his own boat.

Two men had reached New York before the English physician, but the sporting goal had not been his only one. In his sloop was a medical log containing detailed descriptions of his physical and psychological condition throughout the trip. Waiting on shore was a physician from Columbia University School of Public Health, which supervised on-arrival physical and psychological examinations of each sailor. Dr. Lewis saw this race—the first of its kind—not only as a test of the seaman's skill but as an opportunity to study scientifically man's struggle against the elements and a bigger enemy—isolation.

Dr. Lewis had left Plymouth aboard his 25-foot *Cardinal Virtue* on June 11, after arranging with three

local physicians to look after his National Health Service general practice. He was weighed before departure and a record was made of his rations of water and dehydrated uncooked experimental food wrapped in aluminum foil or sealed in tins.

Also on board was an "emergency kit," a gift from a British distillery, of gin and vermouth with instructions for preparing martinis.

The cabin, deep enough for Lewis (at five feet, eight inches tall) to stand erect in, contained two berths, a wall-table, the nautical and medical logs, the inevitable British teapot, a radio, boat hook, clothing, first aid kit and shelves with about 20 books, including *Rough Passage, Survival at Sea*, and *Women: Pro and Con*.

The medical log, like its nautical counterpart, was filled in daily. Each racer had one. Lewis himself had prepared it in association with the British Medical Research Council. He kept a continuous record of food and water consumption, hours of sleep, mishaps, and all his moods and reactions.

The wind was heavy off Plymouth on departure day. Just after he lost sight of land, Lewis' mainmast broke. Rigging up emergency sail, he returned to land for repairs. Two days later he cast off again. Within three more days his medical log begins to tell a tale:

June 16: "Tired in morning due to lack of sleep and need for vigil in continuing fog." He had four days of fog without letup and couldn't relax until he was beyond the shipping lanes.

June 26: "Excited by the first gale of the trip. But when all was under control, felt bored, depressed." Then his transmitter went dead along with the engine he used to charge it. It was not meant for locomotion; its propeller had been removed in England. He had no power for navigational lights; this left him with only a dry-cell receiver for direction finding and time signals, and a troublesome oil lamp to light

the cab
July
afterno
caught.
July
bells, w
anything
not allo
of sever
ness. H
lucinati
Norway
panion.

The
the co
Atlanti
that he
phrenia
was of
panion
boat w

As a
a self-f
him fr
him a
consist
co
up in pl
wind s
rudder
and hi

The
decisi
in wind
probler

CHART
North A

August

LONG AND LONELY VOYAGE

the cabin dimly.

July 3: "Irritation during calm this afternoon. Note: one pint rain water caught." Calm, and more monotony.

July 4: "Hearing things, voices, bells, vague voices when not doing anything particular, but conditions do not allow sleep." He suffered the first of several 72-hour bouts of sleeplessness. He was on his guard against hallucination, for on a shorter voyage to Norway, he had hallucinated a companion.

The intense fatigue combined with the complete loneliness of the mid-Atlantic soon became so unbearable that he twice lapsed into a schizophrenia-like episode. His greatest fear was of imagining that he had a companion on board who would steer the boat while he slept.

As a safeguard, he had rigged up a self-steering mechanism that freed him from extensive worry, permitting him a few hours to sleep. The device consisted of a vane with a locking action connected to the rudder. He lined up the vane with the wind, locked it in place, and went below. When the wind struck the vane, it moved the rudder within the limits of the lock, and his boat remained on course.

The calms meant not making any decisions, so he welcomed any change in wind or weather which created a problem for him to solve, such as de-

ciding which sail to use.

July 9: "Entered the iceberg zone. I took a drink from the emergency kit each night to keep the icebergs away."

July 15: "Rationing water today . . . Voyage taking longer than anticipated." He drank only one-third cup of fluid the first 24 hours, initiating his body to long periods of threshold intake. Then he began limiting himself to eight small mugs of water a day for cooking and drinking purposes.

As an experiment, he also exposed the dried food on deck for 24 hours to collect salty vapor and so conserve fresh water. It worked.

On the fortieth day, Lewis wrote: "A certain bitter grim determination as calm succeeds calm." Soon he left the iceberg zone and approached Nova Scotia.

July 24: "No sun for three days, no sleep for two. Only mist and fog." He couldn't see too far and estimated his position as three miles from the rocky Nova Scotia coast. Sailing fast, he suddenly heard a great roar. There were the breakers one-hundred yards from his bow. He got the *Cardinal Virtue* out to sea just in time.

July 25: He hovered "between exhaustion and hearing voices and ringing noises." Then, at last, two hours sleep. He woke up to find his receiving radio dead. No direction find-

ing, no time signals, no coastal weather reports.

The next day, while Lewis was changing sails, a boom suddenly swung loose and smashed into his face. He awoke on deck next to a pool of blood. Without knowing how long he had been out, he stumbled to the cabin and reached out for medication—three aspirins. His face was bruised and abraded, particularly around the orbit which later developed deeper bruising. He diagnosed his condition as a possible fractured skull, involving the sphenoid or frontal bones.

July 29: "Appear to tire easily . . . from injury." The swelling had gone down, and the condition ultimately cleared.

August 1: "A numbness of feeling, trying not to feel anything, less self pity and depression." He had been at sea 50 days.

August 2: The day was clear. "Excited at sighting Maine." Sailing south, he found it difficult to sleep. He went aground at Wood's Hole, Mass.

August 5: "Very excited."

August 6: "Ambrose Light, N. Y., finish of race. When I sighted it—peculiar reaction—cried and couldn't stop."

It was 4:49 in the morning.

His radio dead, he sailed round and round Ambrose Lightship in the dark, blowing his foghorn and shouting. The Lightship was silent, but a passing fishing vessel heard his cries, and the

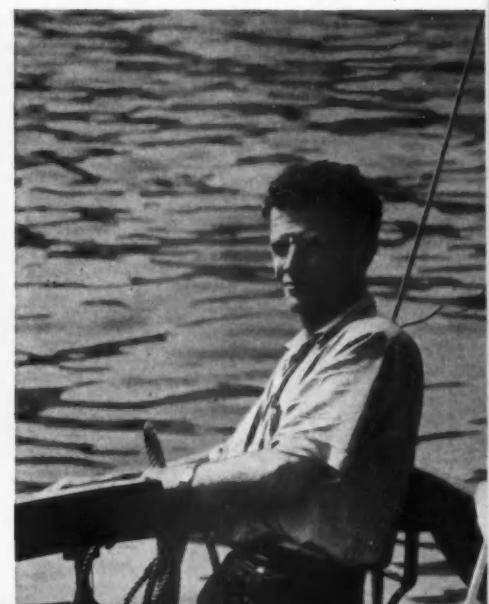
CONTINUED



CHART shows course across the stormy North Atlantic from Britain to New York.



LOG records days of loneliness and the constant struggle against hallucinating.



DR. LEWIS, veteran sailor at 42, used race for study of isolation.

LONELY VOYAGE CONTINUED

Coast Guard was summoned.

At the quarantine station dockside he was examined briefly by an immigration officer and for more than an hour by Dr. Elmer Severinghaus, professor of public health nutrition, Columbia University.

Dr. Severinghaus gave Lewis a standard physical examination and observed cracks in the corner of his mouth suggestive of vitamin deficiency. Lewis had started the race weighing 150 pounds; now he was 130.

Exams over, Lewis climbed sleepily out of his cabin and stepped on to solid ground. Rolling as if still on the ship, he received greetings from well-wishers, then joined friends. Not until late that night did he finally turn in for his first uninterrupted sleep in nearly two months.

For the next fortnight he scrubbed and polished his boat by day and enjoyed New York by night.

Finally, last week, Dr. Lewis packed up a new medical log and sailed the *Vertue* past Ambrose Light for a last reminiscent look. Then—once more alone—he headed his bow northeast for Plymouth, his patients and home. ■



HOMeward Bound, Lewis is leisurely sailing his 25-foot sloop back to England.

ANOMALY OF MONGOLISM REVEALS A NEW FACTOR

A genetic search of three generations of mothers reveals that a mongoloid can also have the 'normal' 46 chromosomes

Only recently it was found that mongolism was characterized by the presence of 47 chromosomes—the extra one a "trisomic" addition to a normal pair. But now two British researchers, the first to trace this mongoloid genetic pattern through three generations, have shown how a mongoloid can also have 46 chromosomes, the "normal" number.

A study of two sisters who have mongoloid children showed the normal 46-chromosome pattern in one of the surviving offspring, Dr. Paul Polani, director of research unit of the National Spastic Society, and of Guy's Hospital Medical School in London, told the International Conference on the Scientific Study of Mental Retardation in London. The study was conducted with Dr. Cedric O. Carter, Institute of Child Health at Great Ormond Street Hospital, University of London.

Chromosomal investigation of the child's mother, the mother's sister, and his grandmother, showed, however, that all three had 45 chromosomes, with a translocation of chromosome 21 to the 13-15 group. Dr. Polani assumes that one of the parents of the maternal grandmother may have produced an abnormal germ cell which, transmitted to the grandmother, could have resulted in four types of zygotes: 1) an unbalanced zygote, probably lethal; 2) a normal individual; 3) a mongoloid; and 4) a genetically balanced individual similar to the grandmother.

Chromosomal Mutation

The two daughters apparently were in the last category. Both could produce four classes of gametes like their mother, and both could give birth to mongoloid children—which they did.

Because of the link between the incidence of mongolism and the age of mothers of mongoloids it was con-

cluded that the disease is not caused by a true "genetic" (or DNA) mutation occurring during the germ cell division of the gene, but by a chromosomal mutation. For unknown reasons, an entire chromosome, or a large part of it, is switched to another location. In the "regular" mongoloid with 47 chromosomes, the defect is caused by disjunction; but in cases where the child has 46 chromosomes, by a translocation.

The chromosome-type mutation is characteristic of women; the cell division occurs at once rather than progressively throughout life as in the male.

Link to Older Fathers

The majority of inborn diseases connected with mental retardation are linked with presumed DNA mutations and some of them, such as achondroplasia and acrocephalosyndactylia, occur as much as four times more often in children of fathers older than 35 than of those younger than 30. The age of the mother, in this instance, plays no significant part.

There is no readily available explanation that can relate chromosome anomaly to age, either of the father or of the mother, according to Dr. Polani. It has, however, been theorized that the nucleolus in the oogonium, dormant for as long as 40 years, may disappear only incompletely at the miotic cell division. This persistence of the nucleolus is known to interfere with the normal chromosome during meiosis. Dr. Polani believes the interference may be of a "mechanical" type.

As he put it: the nucleolus gets in the way of the chromosome "as a man's large stomach may interfere with his embrace of a woman."

The international conference at which Dr. Polani made his report was sponsored by the American Association on Mental Deficiency, the Royal Medico-Psychological Association, the Royal Society of Medicine and the British Psychological Society, with the cooperation of the National Association for Mental Health of England. Some 600 participants from 20 countries attended. ■



Can't sleep? Almost everyone can with nonbarbiturate DORIDEN®

(glutethimide CIBA)

Doriden provides 4 to 8 hours of sleep without the pre-excitation and later "hangover" sometimes encountered with barbiturates. Doriden is well tolerated. It is especially useful in the many older patients who cannot tolerate barbiturates or who, because of continued use, require such high dosages that respiration may be depressed. Doriden is usually not contraindicated where renal and hepatic disorders are present. Doriden rarely causes pre-excitation; onset is smooth, rapid. Doriden is metabolized quickly, thus rarely produces "hangover" and "fog."

Complete information sent on request.

Clip and mail
this coupon for
a generous
clinical supply

See in your own
practice why
so many physicians
now prescribe
DORIDEN instead
of barbiturates.

Richard H. Roberts, M.D., Dept. C2
P.O. Box 608, Summit, New Jersey

C I B A

Please send a trial supply of DORIDEN® 0.5-Gm. Tablets to:

NAME _____ M.D. _____

STREET _____

CITY _____ ZONE _____ STATE _____

Attention California Physicians: Your request must be made on your Rx blank.

2/28/68

Editor's Choice

By special arrangement, MEDICAL WORLD NEWS presents abstracts of articles concurrently with original publication in leading specialty journals. The editors' selections are intended as a representative cross-section of current medical literature

EXTENDED ENDARTERECTOMY SAVES 'HOPELESS' CASE

When atherosclerosis has occluded the distal popliteal artery beyond the possibility of bypass reconstruction and the range of the usual limited endarterectomy, a so-called "desperation" endarterectomy may yet reprieve the patient from otherwise certain amputation or restore function in a limb otherwise useless for life. This extended endarterectomy—in some cases carried as far as the ankle—calls for "blind stripping" long segments of the diseased intima through multiple arteriotomies.

In our experience with 21 patients whose condition justified such a last-resort procedure, anatomical salvage was achieved for six of 13 limbs, functional salvage for ten of 12. Accepting the critical, often "hopeless," status of such cases, we find these to be encouraging results. *Trippel, et al, Arch. Surg., Aug. 1960, pp. 148-157.*

PSYCHOMATIC MEDICINE IN ONE EASY LESSON

The following excerpt is from a lecture on modern psychoanalytic contributions to psychosomatics, delivered to a group of internists ("make it medically relevant," they pleaded).

Consider the where and the why of the toenail: actually it is the most protuberant part of the body, hard and rounded; in locomotion, it describes a most suggestive fore-and-aft movement—obviously a primal penile symbol displaced, for a change, downward. Let us also remember its source, namely the nail-bed—a region consummately feminine in its conformation, physiology and import. Thus we have a psychosomatically significant microcosm: a womb-equivalent ever generating a masculine imago which normally goes forth to meet, explore and conquer the external world. But now consider what happens when this normal functioning is disrupted by frustration and conflict: specifically, when the erect nail is stubbed and

traumatized, or too long opposed by unyielding reality in the form of apressive shoe. On one hand, it can be demonstrated that patients of both sexes with ingrown toenails actually do have masculine aspirations and intrauterine fantasies; on the other, the fact that patients without ingrown toenails have the same unconscious dynamisms serves merely to emphasize once again how the study of the abnormal can reveal profound truths about all mankind. *Masserman, Chicago. A.M.A. Arch. Gen. Psych., Aug. 1960, pp. 92-101.*

RETINA MIRRORS RESULT OF ANTIPRESSOR THERAPY

The retinal changes by which malignant hypertension advertises its presence are well-known. It is now also evident that the eye mirrors, to a great extent, the body's extraretinal response to antipressor therapy.

Retinas of 96 patients (49 now dead, 47 still surviving) scanned during their course of treatment, reflected these correlations: Nonsurvivors showed initially more severe papilledema and exudates (paralleling the severity of the hypertension and the cardiac disease, but not the renal disease). Those who died rapidly of the progressive arteriolar disease showed more persisting hemorrhages and exudates than those who died later of atherosclerotic complications. With good blood pressure control, papilledema, hemorrhages, and exudates disappeared and the improvement in retinal findings went hand in hand with improved extraretinal symptoms. *Lockhart, Von Noorden, Dustan, Corcoran and Page, Cleveland. A.M.A. Arch. of Ophthalmol., pp. 44-51.*

SMALL-BOWEL PUNCTURES HAVE MANY CAUSES

Conternation may reign in the operating room when an emergency laparotomy for diffuse peritonitis reveals no perforated peptic ulcer, no ruptured appendix. At this point the sur-

geon must leave the beaten tract to carefully examine the entire bowel.

A few signposts, this potpourri of nontraumatic, nonpeptic, nonobstructive small-bowel perforations is offered from the experience of a large general hospital during the past 20 years. Most common of the uncommon are perforations due to ingestion of foreign bodies (the toothpick crops up here as an offender, perhaps due to its ubiquitousness in sandwiches and cocktails). With the patient often (from modesty or ignorance) silent on this point, rarely is a correct diagnosis made preoperatively.

The perforated Meckel's diverticulum is a well recognized entity, to be searched for routinely when the "appendicitis" patient presents his normal appendix. Lymphoma, tuberculosis and ulcerative colitis have their rare perforations and there is a group, so-called "spontaneous," whose etiology remains obscure. In all cases, prompt surgery is a must; the obscure ones calling for resection, the foreign-body ones usually a simple suture. *Markowitz, New York. Ann. Surgery, Aug. 1960.*

THYROID THERAPY MAKES DIAGNOSTIC PITFALLS

The revolution in thyroid therapy wrought by radioactive iodine has left in its wake some confusion, notably the discrepancies between the observed clinical status and the laboratory test results which appear after I¹³¹ therapy. Comparing clinical and laboratory findings in 74 patients treated with I¹³¹ for toxic diffuse goiter, we found a disagreement from 10-60 per cent of the time during the first post-treatment year, only 0-20 per cent of the time thereafter.

Prognostically speaking, the post-treatment clinically euthyroid tend to remain so, regardless of laboratory findings. The clinically hyperthyroid, with matching test values, are likely to require retreatment, but those showing up as normal on tests will probably become so. The clinically hypothyroid with correspondingly low test values have only a 50-50 chance of moving up to normal. *Dominitz, Hurd and Goldzieher, San Antonio, Tex. A.M.A. Arch. of Int. Medicine, Aug. 1960, pp. 33-43.*

ATTENTION PLEASE!

EFFECTIVE IMMEDIATELY
LEDERLE OFFERS
VITAMINS & HEMATINICS
FORMULATED...

WITH THERAPEUTIC
LEVELS OF FOLIC ACID
FOR YOUR PRESCRIPTION

WITHOUT FOLIC ACID
FOR YOUR NON-RX
RECOMMENDATION

as indicated on following pages...

tract to
bowel.
otpouri
, non-
ations is
of a large
past 20
uncom-
ngestion
ck crops
s due to
ches and
t often
silent on
diagnosis

verticu-
y, to be
he "ap-
normal
rculosis
eir rare
oup, so
etiology
prompt
re ones
gn-body
*Marko-
y, Aug.*

ES

therapy
has left
notably
bserved
ory test
otherapy.
aboratory
ed with
e found
cent of
reatment
he time

the post-
tend to
aboratory
thyroid,
likely to
e show-
robably
thyroid
t values
moving
ard and
A.M.A.
. 1960,

LD NEWS

AVAILABLE WITH THERAPEUTIC LEVELS OF FOLIC ACID *for your prescription*

The following Lederle products provide sufficient folic acid in recommended daily dosage to meet criteria for therapeutic use. You can be sure that your patient will receive specified concentration in the very next Rx you write.

FILIBON® F-A CAPSULES

Prenatal Supplement with Folic Acid Lederle

FOLBESYN® TABLETS

Vitamins Lederle

FOLVITE® ELIXIR, SOLUTION, TABLETS

Folic Acid Lederle

PERFOLIN® CAPSULES

Multivitamins Lederle

PERIHEMIN®

Hematinic Lederle

PRENATAL DRI-KAPS®

Dry Filled Capsules Lederle

PRONEMIA® CAPSULES

Hematinic Lederle

AVAILABLE WITHOUT FOLIC ACID *for your non-Rx recommendation*

The following Lederle products have been formulated to eliminate folic acid in products available for purchase without prescription. You can be certain that your recommendation for any of these products can be immediately filled under these specified standards.

FALVIN® CAPSULES

Hematinic Lederle

FILIBON® CAPSULES

Prenatal Supplement Lederle

GEVRABON®

Liquid Vitamin-Mineral Supplement Lederle

GEVRAL® CAPSULES

Vitamin-Mineral Supplement Lederle

GEVRAL T CAPSULES

High Potency Vitamins-Minerals Lederle

LEDERPLEX® CAPSULES & LIQUID

Vitamin B Complex Lederle

STRESSCAPS® CAPSULES

Stress Formula Vitamins Lederle

VI-MAGNA® CAPSULES

Multivitamins Lederle

Complete formulas on following page

LEDERLE NUTRITIONAL PRODUCTS IMMEDIATELY AVAILABLE

WITH THERAPEUTIC LEVELS OF FOLIC ACID

CAUTION: Federal Law prohibits dispensing without a prescription.

FILIBON® F-A Prenatal Supplement with Folic Acid. *Each capsule contains:* Vitamin A 4,000 U.S.P. Units; Vitamin D 400 U.S.P. Units; Thiamine Mononitrate (B₁) 3 mg.; Pyridoxine (B₆) 1 mg.; Niacinamide 10 mg.; Riboflavin (B₂) 2 mg.; Vitamin B₁₂ with AUTRINIC® Intrinsic Factor Concentrate 1/6 U.S.P. Oral Unit; Ascorbic Acid (C) (as Calcium Ascorbate) 50 mg.; Vitamin K (Menadione) 0.5 mg.; Folic Acid 1 mg.; Ferrous Fumarate (Elemental iron, 30 mg.) 91.2 mg.; Fluorine (as CaF₂) 0.015 mg.; Copper (as CuO) 0.15 mg.; Iodine (as KI) 0.01 mg.; Potassium (as K₂SO₄) 0.835 mg.; Manganese (as MnO₂) 0.05 mg.; Magnesium (as MgO) 0.15 mg.; Molybdenum (as Na₂MoO₄.2H₂O) 0.025 mg.; Zinc (as ZnO) 0.085 mg.; Calcium Carbonate 575 mg.; *Dosage:* 1 to 3 capsules daily or as directed by the physician.

FOLBESYN® Vitamins. *Each tablet contains:* Thiamine Mononitrate (B₁) 10 mg.; Riboflavin (B₂) 5 mg.; Folic Acid 5 mg.; Niacinamide 50 mg.; Ascorbic Acid (C) 175 mg.; Vitamin B₁₂ 5 mcgm.; *Recommended Intake:* 1 or more daily or as prescribed by a physician.

FOLVITE®

Folic Acid

TABLETS, 5 mg.

SOLUTION, 15 mg./cc.

ELIXIR, 5 mg./5 cc.

Therapeutic dosage: Adults, 5-20 mg. daily.

PERFOLIN® Multivitamins. *Each Capsule contains:* Vitamin A 25,000 Units; Vitamin D 1,000 Units; Thiamine Mononitrate (B₁) 10 mg.; Riboflavin (B₂) 5 mg.; Niacinamide 150 mg.; Ascorbic Acid 150 mg.; Folic Acid 5 mg.; Vitamin B₁₂ 5 mcgm.; *Dosage:* 1 capsule daily.

PERIHEMIN® Hematinic Capsules. *Each capsule contains:* Vitamin B₁₂ with AUTRINIC® Intrinsic Factor Concentrate 2/3 U.S.P. Oral Unit; Ferrous Fumarate (Elemental iron, 55 mg.) 168 mg.; Folic Acid 0.67 mg.; Ascorbic Acid (C) 50 mg. *Dosage:* 3 a day.

PRENATAL DRI-KAPS® Dry Filled Capsules Lederle. *Each capsule contains:* Vitamin A 2,000 U.S.P. Units; Vitamin D 400 U.S.P. Units; Thiamine Mononitrate (B₁) 2 mg.; Riboflavin (B₂) 2 mg.; Niacinamide 7 mg.; Vitamin B₁₂ 1 mcgm.; Vitamin K (Menadione) 0.5 mg.; Ascorbic Acid (C) 35 mg.; Folic Acid 1 mg.; Calcium (as CaHPO₄) 250 mg.; Phosphorus (as CaHPO₄) 190 mg.; Ferrous Sulfate Exsiccated (Elemental iron, 6 mg.) 20 mg.; Manganese (as MnSO₄) 0.12 mg. *Dosage:* 1-3 Dri-Kaps daily.

PRONEMIA® Hematinic. *Each capsule contains:* Vitamin B₁₂ with AUTRINIC® Intrinsic Factor Concentrate Lederle 2 U.S.P. Units (Oral); Ferrous Fumarate (Elemental iron 115 mg.) 350 mg.; Ascorbic Acid (C) 150 mg.; Folic Acid 2 mg. *Average Dosage:* One capsule daily.

WITHOUT FOLIC ACID

FALVIN® Hematinic. *Each capsule contains:* Vitamin B₁₂ with AUTRINIC® Intrinsic Factor Concentrate Lederle 1 U.S.P. Unit (Oral); Ferrous Fumarate (Elemental iron 90 mg.) 274.0 mg.; Ascorbic Acid (C) 75.0 mg.; *Average Dosage:* One capsule twice daily.

FILIBON® Prenatal Supplement. *Each capsule contains:* Vitamin A 4,000 U.S.P. Units; Vitamin D 400 U.S.P. Units; Thiamine Mononitrate (B₁) 3 mg.; Pyridoxine (B₆) 1 mg.; Niacinamide 10 mg.; Riboflavin (B₂) 2 mg.; Vitamin B₁₂ with AUTRINIC® Intrinsic Factor Concentrate 1/6 U.S.P. Oral Unit; Ascorbic Acid (C) (as Calcium Ascorbate) 50 mg.; Vitamin K (Menadione) 0.5 mg.; Ferrous Fumarate (Elemental iron, 30 mg.) 91.2 mg.; Fluorine (as CaF₂) 0.015 mg.; Copper (as CuO) 0.15 mg.; Iodine (as KI) 0.01 mg.; Potassium (as K₂SO₄) 0.835 mg.; Manganese (as MnO₂) 0.05 mg.; Magnesium (as MgO) 0.15 mg.; Molybdenum (as Na₂MoO₄.2H₂O) 0.025 mg.; Zinc (as ZnO) 0.085 mg.; Calcium Carbonate 575 mg.; *Dosage:* 1 to 3 capsules daily.

GEVRABON® Liquid Vitamin-Mineral Supplement. *Each fluid ounce (30 cc.) contains:* Thiamine HCl (B₁) 5 mg.; Riboflavin (B₂) 2.5 mg.; Vitamin B₁₂ 1 mcgm.; Niacinamide 50 mg.; Pyridoxine HCl (B₆) 1 mg.; Pantothenic Acid (as panthenol) 10 mg.; Choline (as tricholine citrate) 100 mg.; Inositol 100 mg.; Calcium (as Ca glycerophosphate) 48 mg.; Phosphorus (as Ca glycerophosphate) 39 mg.; Iodine (as KI) 0.1 mg.; Potassium 10 mg.; Magnesium (as MgCl₂.6H₂O) 2 mg.; Zinc (as ZnCl₂) 2 mg.; Manganese (as MnCl₂.4H₂O) 2 mg.; Iron (as ferrous gluconate) 20 mg.; Alcohol 18%; *Dosage:* 2 tablespoonsfuls daily.

GEVRAL® Vitamin-Mineral Supplement. *Each capsule contains:* Vitamin A 5,000 U.S.P. Units; Vitamin D 500 U.S.P. Units; Vitamin B₁₂ with AUTRINIC® Intrinsic Factor Concentrate 1/15 U.S.P. Oral Unit; Thiamine Mononitrate (B₁) 5 mg.; Riboflavin (B₂) 5 mg.; Niacinamide 15 mg.; Pyridoxine HCl (B₆) 0.5 mg.; Ca Pantothenate 5 mg.; Choline Bitartrate 50 mg.; Inositol 50 mg.; Ascorbic Acid (C) 50 mg.; Vitamin E (as tocopherol acetates) 10 I. U.; L-Lysine Monohydrochloride 25 mg.; Rutin 25 mg.; Ferrous Fumarate (Elemental Iron, 10 mg.) 30.4 mg.; Iodine (as KI) 0.1 mg.; Calcium (as CaHPO₄) 145 mg.; Phosphorus (as CaHPO₄) 110 mg.; Boron (as Na₂B₄O₇.10H₂O) 0.1 mg.; Copper (as CuO) 1 mg.; Fluorine (as CaF₂) 0.1 mg.; Manganese (as MnO₂) 1 mg.; Magnesium (as MgO) 1 mg.; Potassium (as K₂SO₄) 5 mg.; Zinc (as ZnO) 0.5 mg.; *Dosage:* 1 capsule daily.

GEVRAL®-T High Potency Vitamins and Minerals. *Each capsule contains:* Vitamin A 25,000 U.S.P. Units; Vitamin D 1,000 U.S.P. Units; Vitamin B₁₂ with AUTRINIC® Intrinsic Factor Concentrate 1/3 U.S.P. Oral Unit; Thiamine Mononitrate (B₁) 10 mg.; Riboflavin (B₂) 10 mg.; Pyridoxine HCl (B₆) 2 mg.; Vitamin E (as tocopherol acetates) 5 I. U.; Vitamin K (Menadione) 2 mg.; Ascorbic Acid (C) 150 mg.; Calcium Pantothenate 5 mg.; Niacinamide 100 mg.; Calcium (as CaHPO₄) 107 mg.; Phosphorus (as CaHPO₄) 82 mg.; Ferrous Fumarate (Elemental Iron 15 mg.) 45.6 mg.; Magnesium (as MgO) 6 mg.; Potassium (as K₂SO₄) 5 mg.; Iodine (as KI) 0.15 mg.; Boron (as Na₂B₄O₇.10H₂O) 0.1 mg.; Copper (as CuO) 1 mg.; Manganese (as MnO₂) 1 mg.; Fluorine (as CaF₂) 0.1 mg.; Zinc (as ZnO) 1.5 mg.; Molybdenum (as Na₂MoO₄.2H₂O) 0.2 mg.; Choline Bitartrate 25 mg.; Inositol 25 mg.; L-Lysine Monohydrochloride 25 mg.; Rutin 25 mg.; *Dosage:* 1 capsule daily.

LEDERPLEX® Vitamin B Complex Liquid. *Each teaspoonful (4 cc.) contains:* Thiamine HCl (B₁) 2.0 mg.; Riboflavin (B₂) 2.0 mg.; Niacinamide 10.0 mg.; Pyridoxine HCl (B₆) 0.2 mg.; Pantothenic Acid (as Panthenol) 2.0 mg.; Choline 20.0 mg.; Inositol 10.0 mg.; Soluble Liver Fraction 470.0 mg.; Vitamin B₁₂ 5.0 mcgm.; *Recommended Intake:* Infants: As recommended by a physician. Adults: 2 teaspoonsfuls (8 cc.) daily.

LEDERPLEX® Vitamin B Complex Capsules. *Each capsule contains:* Thiamine Mononitrate (B₁) 2.0 mg.; Riboflavin (B₂) 2.0 mg.; Niacinamide 10.0 mg.; Pyridoxine HCl (B₆) 0.2 mg.; Inositol 10.0 mg.; Calcium Pantothenate 3.0 mg.; Choline 20.0 mg.; Insoluble Liver Fraction 414 mg.; Vitamin B₁₂ 1.0 mcgm.; *Recommended Intake:* Adults: 2 tablets daily.

STRESSCAPS® Stress Formula Vitamins. *Each capsule contains:* Thiamine Mononitrate (B₁) 10 mg.; Riboflavin (B₂) 10 mg.; Niacinamide 100 mg.; Ascorbic Acid (C) 300 mg.; Pyridoxine HCl (B₆) 2 mg.; Vitamin B₁₂ 4 mcgm.; Calcium Pantothenate 20 mg.; Vitamin K (Menadione) 2 mg.; *Dosage:* 1 capsule daily.

VI-MAGNA® Multivitamins. *Each capsule contains:* Vitamin A 5,000 U.S.P. Units; Vitamin D (Vitamin D₃) 500 U.S.P. Units; Thiamine Mononitrate (B₁) 3 mg.; Riboflavin (B₂) 3 mg.; Niacinamide 20 mg.; Calcium Pantothenate 1 mg.; Pyridoxine HCl (B₆) 0.2 mg.; Ascorbic Acid (C) 75 mg.; Vitamin B₁₂ 1 mcgm.; *Dosage:* 1 capsule daily.

THE NEED FOR PANTOTHENIC ACID, BIOTIN, INOSITOL, CHOLINE, ZINC, BORON, CALCIUM PANTOTHENATE IN HUMAN NUTRITION HAS NOT BEEN ESTABLISHED.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N.Y.



25,000
10 mg.;
50 mg.;
.

min B₁₂
1 Unit;
67 mg.;

de con-
; Thia-
7 mg.;
ic Acid
phorus
6 mg.)
ly.

h AU-
); Fer-
id (C)

ntains:
itamin
Unit;
idoxine
min K
henate
phorus
6 mg.;
Iodine
(CuO)
; Zinc
Choline
mg.;

4 cc.)
iacina-
s Pan-
Liver
e. In-
8 cc.)

Thia-
le 10.0
Panto-
mg.;
daily.

amine
mg.;
n Bis
mg.;

J.S.P.
nitrate
Panto-
mg.;

DOCTOR'S BUSINESS

- New handbook for doctors' assistants** A "complete, encyclopedic reference for the up-to-date medical office" has been published by Prentice-Hall, Inc. "The Medical Secretary's and Assistant's Handbook" was written by Besse May Miller, author of similar books for legal and general secretaries. In addition to chapters on general medical office procedures—such as patient histories, credit and collection, answering the phone and letters — this new book contains a section on the particular needs of specialists.
- Nursing home costs vary widely** Costs of nursing homes, like many other things, vary widely from one section of the U.S. to another. A new Public Health Service publication "Costs of Operating Nursing Homes and Related Facilities," shows daily costs since 1957 vary from \$3.38 in four Georgia homes to \$13.85 in a New Jersey unit.
- Jurists applaud medical panel system** New York and Illinois jurists are pleased with their experience so far under the so-called "Rules 20 and 21," which provide for expert panels of medical witnesses in personal injury cases. Says David W. Peck, formerly presiding justice of the New York County Supreme Court: "The judges . . . have been impressed with the qualitative results. For example, all are satisfied that the results reached in the cases in which a panel was used came much closer to the right results than would have been likely if the cases had been tried to the bitter end . . ." Adds the Hon. Julius H. Miner of the U.S. District Court for Northern Illinois: "Impartial medical testimony is a method of exploring divergent contending claims, making a competent examination and a report and arriving at truth and justice in a calm, unhurried, impersonal fashion." In Illinois, New York and Philadelphia, the scoreboard on cases handled by expert panels so far includes: 358 cases settled before trial through use of the medical panel report system; 74 cases settled before the case reached a jury; and 156 still in process.
- Lifetime insurance policies more available** Twenty more insurance companies — making a total of 53 — are now issuing individual and family health insurance policies which are guaranteed renewable for life or to some date after age 65, the Health Insurance Institute reports. Fifty-one of the companies make policies renewable for life.

Product News

IN EYE AND EAR CONDITIONS

Neo-Medrol, 0.1%, Eye-Ear Drops Sterile Solution (Upjohn) furnishes 0.1 per cent methylprednisolone and 5.0 mg neomycin sulfate as active ingredients in a topical preparation. Indicated in conditions requiring both an adrenocortical steroid and a broad spectrum antibiotic. Dosage recommended for eye is one drop three or four times daily, and for ear, two or three drops 2-3 times daily in canal. It is also available in 5 cc dropper bottles.

Neo-Medrol, 0.1%, Eye-Ear Ointment (Upjohn) supplies the same active ingredients in the same amounts as the eye-ear solution. It may be employed alone, one to three times daily, or alternated, with the drops applied during the day and the ointment at night. Available in 1/8 ounce tubes.

FOR FUNGAL INFECTIONS

Fungizone for Infusion (Squibb) contains amphotericin B, a new antibiotic for deep mycotic infections.

Derived from an unidentified species of *Streptomyces*, amphotericin B is effective against cryptococcosis, coccidioidomycosis, histoplasmosis,

sis, North American blastomycosis and disseminated moniliaisis. It must be reconstituted with 5% Dextrose Injection, USP, for parenteral use. Dosage range is 0.25 mg to 1.5 mg/kg body weight. Since *Fungizone* is excreted slowly, infusions may be made on alternate days in patients receiving high doses. Initial intravenous administration is usually associated with a febrile response, often combined with chills. These tend to diminish with succeeding infusions and may even be limited initially by prophylactic administration of oral antipyretics or other agents. Available in vials that provide, on reconstitution, 50 mg of amphotericin B activity.

TO MAINTAIN PREGNANCY

Gestanon (Organon) supplies allylestrenol, a synthetic oral progestative agent to maintain pregnancy without androgenic side effects to mother or fetus. Allylestrenol is one of a new group of substances, the 3-desoxo-17 alkyl-19-nor-steroids. Soon to be available in the United States (now that preliminary trials in Europe have been completed) it has shown success in habitual and threatened abortion as

well as premature labor. The drug is well tolerated by the mother, even in large doses, and does not interfere with sex differentiation of the embryo.

FOR REGIONAL BATHING

Reg-U-Temp Personal Sitz Bath (Harlan Buck), a completely portable polypropylene unit, fits on any toilet bowl for comfortable soaking of perineal, genital and rectal areas. Thus whole-body immersion and steam-filled rooms are avoided. The unit has a ten foot hose with attachment for sink or bathtub faucets. Excess water drains into the toilet bowl. The patient controls water temperature and flow by means of a valve on the unit, without leaving his seat. *Reg-U-Temp* weighs only two pounds and can be carried and used at home, office, hotel, or wherever there are toilet facilities. It can be washed with alcohol, soap or common cleaning solutions with no danger to the finish. Hospitals can autoclave it, hose free, at normal sterilizing temperatures. Complete unit priced to sell at less than \$25.

BOOKLETS AND FILMS

How to Deal With Mental Health Problems by Harry Milt, director of public information, National Association for Mental Health, replaces the popular brochure for laymen, *How to Deal With Your Tensions*. Surveyed are common mental problems and their causes, with a list of do's and don'ts. Foreword written by Dr. William Malamud, president, American Psychiatric Association. Free from National Association for Mental Health, 10 Columbus Circle, New York 19.

The Better Life, prepared by the Pharmaceutical Manufacturers Association, describes research and health achievements of the pharmaceutical industry as well as profits and prices for prescription drugs. Free from the Association at 1411 K Street N.W., Washington 5, D.C.

An eight minute film with recorded commentary, *Introduction to Tissue Culture Techniques*, demonstrates step-by-step procedures. Prepared by the U. S. Public Health Service and distributed by United World Films, 1445 Park Avenue, New York 29. Cost: \$9.10.

HOSPITAL FURNITURE FOR PATIENT EASE



New hospital furniture to eliminate the institutional look (American Seating Co.) condenses the usual nine pieces per room into five. Featured is the electronically powered *Access-O-Matic* bed operated by push-button within easy reach of the patient. The bed raises and lowers in 20 seconds, changes head rest in 13 seconds and knee rest in 12. An *Overbed Butler* that can swing free of the bed is an

electronically controlled table with drawer. A *Bedside Susan* has a swing-out plastic top that covers a shallow compartment, below which is a deeper one for washbasin, bedpan, etc., and a rack for slippers and towels. A two-position lounge chair with arm rests enables the ambulant patient to pull up easily. The fifth piece, a bench for visitors, holds a centrally mounted three-drawer chest.

Proven

in over five years of clinical use and
more than 750 published clinical studies

Effective

for relief of anxiety and tension

With Outstanding Record of Safety

- simple dosage schedule produces rapid, reliable tranquilization without unpredictable excitation
- no cumulative effects, thus no need for difficult dosage readjustments
- does not produce ataxia, change in appetite or libido
- does not produce depression, Parkinson-like symptoms, jaundice or agranulocytosis
- does not impair mental efficiency or normal behavior

Miltown®

meprobamate (Wallace)

Usual dosage: One or two 400 mg. tablets t.i.d.

Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; or as MEPROTABS®—400 mg. unmarked, coated tablets.

 WALLACE LABORATORIES / Cranbury, N. J.

TRADE-MARK

Mail this coupon for clinical supply of Miltown to:

Professional Services Dept. (C)
Wallace Laboratories
Cranbury, N. J.

Gentlemen: Please send me a clinical supply of Miltown

M.D.

Street _____

City _____ Zone _____ State _____

Type of practice _____

CM-2745

LEGISLATIVE NEWS

To curb abuse and misuse of hypnosis, several states are taking legislative action: California's medical society has approved a resolution opposing the use of hypnosis for entertainment, and backing the introduction and passage of a bill to prohibit such "dangerous and improper use" of hypnosis. In Arkansas, any unlicensed person found to be using hypnosis to relieve, treat or promise to cure ailments may be prosecuted by the state medical society under the Arkansas Medical Practice Act. And, in Michigan, a law has just been passed which provides for the certification of consulting psychologists, to help the public distinguish between qualified professionals and "quacks with phoney Ph.D. degrees."

A bill requiring prescription drug advertisers to identify their products by generic as well as trade names has been introduced in Congress. The first national legislation to touch on the generic versus trade name issue, the measure is largely an outgrowth of the Kefauver committee hearings.

Michigan's Gov. G. Mennen Williams has been mentioned as a possible Secretary of Health, Education and Welfare if Sen. Kennedy wins the presidency. Williams was among the first prominent men to support Kennedy's bid for the nomination.

A desire to discourage artificial insemination by donors without legally prohibiting it has been expressed by a government committee in Great Britain. It said that "A.I.D. would not appear to contravene any of the accepted principles of scientific method," but there is "a substantial body of opinion in the profession which regards this practice as an undesirable one, and many doctors are absolutely opposed to it on moral and religious grounds." Notes the British Medical Journal in an editorial: The committee's stand "probably reflected the opinion of most people . . . who have thought about the matter. It is not a procedure that has found many advocates in the medical profession."

The Association for the Psychiatric Treatment of Offenders is urging MD members to help push through Congress a bill that would provide funds for the treatment of juvenile offenders and for the training of therapists in this specialty.

S

action:
posing
e intro-
ous and
person
to cure
y under
aw has
consult-
n quali-
derees."

generic
ss. The
s trade
efauver

etary of
e presi-
support

iting it
Great
ravene
t there
egards
ors are
' Notes
mittee's
. who
at has

bers to
nds for
ing of

LD NEWS

N

POST
Dr. De
Rockef
Academ
honora
Mother
of Lond
300th a
the Roy
is a for

Dr. Jos
erly me
Indian
Health,
ter for
Dr. G.



Earl U
York F
dent of
Science
new off
writer
and Na
ence ec

OBIT

Dr. F.
executiv
vention
presiden
Society

Dr. Alb
physicia
Hospit
Service,
and tre
textboo
dena, C

Dr. Cha
member
Hopkin
and pic
warfare
in Was

Dr. Wil
of Amer
of seizu

Names in the News

POSTS AND AWARDS

Dr. Detlev W. Bronk, president of the Rockefeller Institute and the National Academy of Sciences received an honorary degree from Britain's Queen Mother, chancellor of the University of London, on the occasion of the 300th anniversary of the founding of the Royal Society, of which Dr. Bronk is a foreign member.



Dr. Joseph Hanford Gerber, formerly medical officer in the division of Indian health, National Institutes of Health, appointed director of the Center for Aging Research, succeeding **Dr. G. Halsey Hunt**, now chief of the division of General Medical Sciences. In his new post, Dr. Gerber will be responsible for coordinating NIH programs for research in aging.

Earl Ubell, science editor of the New York *Herald Tribune*, elected president of the National Association of Science Writers for 1960-61. Other new officers are: **Victor Cohn**, science writer for the Minneapolis *Tribune* and **Nate Haseltine**, medical and science editor of the Washington *Post*.

OBITUARIES

Dr. F. Lee Stone, 75, gynecologist, executive director of the Cancer Prevention Center of Chicago and past president of the Illinois State Medical Society; Aug. 1, in Chicago.

Dr. Albert G. Bower, 70, former chief physician of (Los Angeles) County Hospital's Communicable Disease Service, author of book on diagnosis and treatment of poliomyelitis and a textbook for nurses; Aug. 2, Pasadena, Calif.

Dr. Charles Richard Clark, 47, senior member of research staff of Johns Hopkins operations research office and pioneer in study of radiological warfare and use of missiles; July 23, in Washington, D. C.

Dr. William G. Lennox, 76, founder of American Epilepsy League, chief of seizure division of Children's Medi-

Dr. Whittier C. Atkinson, Coatesville, Pa., physician is first Negro to be named general practitioner of the year by the Pennsylvania Medical Society. He will receive award at annual meeting of Society in Atlantic City in October.



Dr. James Walter Wilson, professor of the department of biology of Brown University and **Dr. Bernard Randall Baker**, program director for cancer chemotherapy, Stanford Research Institute, appointed to the National Advisory Cancer Council.

The Right Hon. the Lord Piercy, a member of court and senate of the University of London and a governor of the London School of Economics, named chairman of The Wellcome Trust of Burroughs Wellcome & Co., succeeding **Sir Henry Dale**.

Dr. Cutting B. Favour, director of the department of immunology, Palo Alto Medical Research Foundation, appointed professor and chairman of the department of preventive medicine Georgetown University.

cal Center in Boston, medical missionary in China and author of recent two-volume *Epilepsy and Related Disorders*; July 21, in Boston.

Dr. Aldo Arienti, 51, noted Italian physician and expert on traumatology; in an air crash; July 31, in Belluno, Italy.

Dr. John R. Page, 83, for 50 years staff member of New York's Manhattan Eye, Ear and Throat Hospital and former president of the American Otological Society; July 28, in New York City.

Dr. Rudolf C. R. Denig, 93, eye surgeon, former professor of clinical ophthalmology at Columbia University, author of many articles on eye surgery and member of Nobel Prize nominating committee; July 22, in Bayreuth, Germany.

MEETINGS

- | | |
|-------------|--|
| Aug. 21-26 | American Association of Blood Banks, <i>San Francisco</i> |
| Aug. 21-26 | Amer. Cong. of Physical Medicine and Rehabilitation, <i>Washington, D. C.</i> |
| Aug. 25-27 | Conf. on the Chemical Organization of Cells: Normal and Abnormal, <i>Univ. of Wisconsin, Madison</i> |
| Aug. 27 | American Hospital Association, <i>San Francisco</i> |
| Sept. 1 | World Cong. of the Int'l Society for the Welfare of Cripples, <i>New York City</i> |
| Sept. 1-7 | 5th Int'l Congress on Nutrition, <i>Washington, D. C.</i> |
| Sept. 13-15 | 4th Nat'l Cancer Conference, <i>Minneapolis</i> |
| Sept. 13-15 | Nat'l Meeting, Am. Chemical Soc., <i>New York City</i> |
| Sept. 14-16 | Southern Trudeau Society, <i>Charleston, S. C.</i> |
| Sept. 19-22 | 1st Int'l Congress on Research in Burns, <i>Bethesda, Md.</i> |
| Sept. 23-25 | Inter-Society Cytology Council, <i>Chicago</i> |

ADVERTISER INDEX

	PAGE
BRISTOL LABORATORIES, INC.	
Syncillin	<i>cover 3</i>
CIBA PHARMACEUTICAL PRODUCTS INC.	
Doriden	21
LEDERLE LABORATORIES	
Declostatin	<i>cover 2</i>
Institutional Vitamins	23-26
MCNEIL LABORATORIES, INC.	
Butisol Sodium	1
PARKE, DAVIS & COMPANY	
Humatin	8
ROCHE LABORATORIES	
Librium	<i>cover 4</i>
Triburon	6
G. D. SEARLE & CO.	
Dramamine	15
E. R. SQUIBB & SONS	
Mysteclin-V	2
Rautrax-N	16-17
WALLACE LABORATORIES	
Miltown	29

ACKNOWLEDGMENTS: Cover: Helmer Lund Hansen; 4 Louis Fruchter; 10, 11, 12 Helmer Lund Hansen; 18, 19 Michel Duplaix; 20 Eileen Ramsey; 39 Wide World (1); 32 Joseph Merante

MORE DOCTORS IN DISTRESS



Morris Fishbein, M.D.

Poland

A doctor in Warsaw reported he spends three hours working on papers to every one spent studying patients. Later, a guide told me that doctors were the most fortunate people in Poland. By this he meant they were able to add to their meager government salary by practicing privately at night. One general practitioner that I talked to told me that by working hard he would one day be able to own the house he was living in. It was deteriorating so fast that in ten years the price would be low enough for him to buy it. The equipment in his office would hardly have filled a handbag. If x-ray is needed the patient is sent to a center. Even there the lab service is minimal.

But there are exceptions. I visited the great clinic of Professor Biernacki which has the most modern equipment for practicing internal medicine. Here the practice was at a very high level.

Russia

The doctors I met were the tops in their profession and happy in their work. Furthermore, as learned people they have prestige and are respected. Russia now has more doctors in proportion to the population than the U.S. And they are well-educated, as far as I could tell. Over 65 per cent are women. Some of their male confreres told me that they make splendid assistants, but are not good surgeons or good chiefs of staff. Among doctors as a whole there seemed no eagerness to achieve economic status, but there was incentive to compete for top positions.

I found living conditions in Moscow to be unbelievably low. Private homes do not exist at all, except for top government officials. A few people are rich; the rest of the population wonders about the discrepancy.

As for the doctors—are they in distress? Apparently no more than

anybody else in Russia. But as Shakespeare wrote: "Ay, there's the rub."

England

The British Medical Association has been meeting in Torquay. Sir Arthur Porritt, Sergeant-Surgeon to the Queen, was inaugurated as president for the coming year. He is heading a committee which is now reviewing all aspects of the National Health Service before making recommendation for its improvement. Sir Arthur suggested a British medical corporation to take over the work of the Minister of Health in administering the health service. He said, in part:

"What a tragedy it is that the conception of the National Health Service involving an equal partnership between the Government and the profession for the eminently praiseworthy purpose of ensuring the well-being of the nation, should have failed so dismally.

"For let us be quite frank and appreciate the fact that the system initially envisaged has not worked as it should have worked, and the test of time (and reasonable time — 11 years or more) has shown basic differences in ideology sufficiently strong at times to threaten the ruin of a superb ideal."

And the London *Times* adds:

"There is no doubt that the original idea of a partnership has been steadily and slowly — almost insidiously — displaced by what has been aptly called the 'employer-employee relationship,' the profession being the employee."

Somehow this does not indicate that the people and the medical profession are as satisfied with the National Health Service as the American press would have us believe.

A handwritten signature in cursive script that reads "Morris Fishbein".

Shake-
the rub."

ociation
ay. Sir
geon to
s presi-
s head-
review-
Health
menda-
Arthur
orpora-
of the
istering
part:
he con-
Service
hip be-
he pro-
eworthy
being of
l so dis-

and ap-
em initi-
ed as it
e test of
11 years
ferences
at times
b ideal."
adds:

indicate
ical pro-
the Na-
American

lein

ORLD NEWS